VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	8005	CERTIFICA	ATE OF DEATH	1			
n. PLACE OF DEATH a. COUNTY Fred	erick	MARYLAND	2. USUAL RESIDENCE (Vo. STATE	b. (YTNUO	Residence before	
B. CITY OR TOWN (IF RURAL and give need MICCITY OF TOWN	autside carporate limits, write irest tawn) VIII	7 years	X CITY OR TOWN (III	founide carporate limits	, write RUR	At and give ne	arest tawn)
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street	address)	d. STREET ADDRESS				ON A FARM?
NAME OF DECEASED (Type or print)	Willard	Morton	Beall	4. DATE OF DEATH	Month 7	Do	1 1960
male	6. COLOR OR RACE 7. MARI		14/30/188			UNDER 1 YEAR Months Days	Hours Min
during most of working	N (Give kind of work dane 10b. ng life, even if retired) Candy Make		plant Mar	yland		U.S.	F WHAT COUNTR
Robert	J. Beall		Louise H				
	IN U. S. ARMED FORCES? 16. 2	,	Mrs. Myrtle	Beall, M	Address		Md.
Canditions, if an gave rise to im cause (a), stating the lying cause last. PART II. OTHE	mediate	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	minal disease condi	TION GIVEN	IN PART I(a)	19. WAS AUTOP:
PART II. OTHE	UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Part I or Part II of ite	n 1B.)		YES NO
20c. TIME OF INJURY Haur a. m. p. m.		Not while	PLACE OF INJURY (Hame, fa factory, street, affice bldg., e	erm, 20f. (City or town)	1	(County)	(Sta
saw the decease	(1) (this haspital) attended alive an www. 7	1 .	death occurred of	M. Fram the car	uses and		nat (1) (we) lo e stated abov
22a. SIGNATURE	Elmer H	arp	M.D. PHYS.	MED. STAFF			7-1-6
22c. PHYSICIANAS NAME (Type)	J. Elmer Har	p /	22d ADDRESS Middl	etown, Md	4		
30. BURIAL, CREMATION REMOVAL (Specify) DUI 121	7/3/1960	23c NAME OF CEMETERY Mt. Olivet		23d. LOCATION (Cir Freder		county)	(State)
Gladhill (ADDRESS iddletom, M	2Sa. RE	C'D BY REGISTRAR 2		RAR'S SIGNATU	

and the second of the second o

	£	۵.	U		
	plete	and Co	offer		
	E COT	pop	SUD!		
	ond :	rbon	2		
	siciar	DO a/	ithin.	/	
	phy	ema)	ent, v	(
	ding	ase r	TY 6V		
	otten	ple .	in di		
	the	The	guq		
	D D	Ė	gvol,		
	signe	t per	E		
Sicion	Deen	ransi	P. Q.		
phy.	has l	rial	natio		
nding	cate	e br	CTG.		
affe	ertifi	ds #	urial		
ما مر	this c	r use	to b		
aspit	fter	id for	pria		
he h	R: A	tache	長		
þ	ECTO	e de	ř ř		
ained	DIR	old k	pard		
e reh	đ	0	ite Bo		
ay b	FUN	960	e Sto		
may be retained by the haspital ar attending physician.	of TO FUN. I DIRECTOR: After this certificate has been signed by the attending physician and campletely	pagebuild be detached for use as the burial-transit permit. Then please remaye carbon papers. P	£		
A	15	(4)			

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Marylan	- b COUNTY	Residence before odmission) Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	_	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 501 East Church S	·	d. STREET ADDRESS	t Church Stre	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED	Middle mbrill Best	Losi 4. G	ATE Month OF DEATH July 2	Day Year
	RIED NEVER MARRIED	B. DATE OF BIRTH June 13, 1878	9. AGE (In years IF	UNDER TYEAR IF UNDER 24 HRS Agenths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt. of Fertil 13. FATHER'S NAME		STRY 11. BIRTHPLACE (Stole or for Fraderick Co		12. CITIZEN OF WHAT COUNTRY U.S.A.
John Thomas Best	SOCIAL SECURITY NO. 17. IF	Margaret J.	Dorsey Address	3
(Yes, no, or unknown) (If yes, give war or dates of service)	17-10-9112 Mr.	s. James H.G. Be	-1.1	Church Street
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	Tire Sole	rock		gens
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CONTRIBUTION		NOT RELATED TO THE TERMINAL I		I IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		ACE OF INJURY (Home, farm, 20		(County) (State
20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	Not while fo	ctory, street, office bldg., etc.)	(City of fown)	(County) (Sione
21. I certify that (I) (this hospital) attends		leoth accurred at # å .M,		
220. SIGNATURE BORESTIN	os-	M.D. PHYS. MED. DIRECTO	OR PHYS.	22b, DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas, Sr.		22d. ADDRESS M.D. 228 N. Ma	rket Street	Frederick, Md
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial July 23, 1960	23c. NAME OF CEMETERY C		LOCATION (City, town, or Prederick, Ma	

32 (spher) anegati de tailo con ante the Ministration and their THE USE OF THE PERSON OF THE P St Still the simple to the still added at the April busheat to included the committee for the factors deel semon nact youth 1 of the stored A Company of the contract of t The control of the co the party of the best of the b

07960

7977

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fre	derick		MARY	11	- CTATE	E (Where deceo	sed fived. If institut b. COUNTY		ce before od lerick	
b. CITY OR TOWN RURAL and give Freder	(If outside corporate limingorest town)	18	c. LENGTH OF STAY Since 6-29	11			porote limits, write l		give negrest	town)
d. NAME OF HOSE OR INSTITUTION MONOCACY F	MAL (If not in hospitol, grall Nursing	Home	oddress)		Mt. Plea	1 0	RESIDENCE			
3. NAME OF DECEASED (Type or print)	WALT		MAYNARD		BUCKEY	4. DATE OF DEAT		July	6,	Yeor 1960
5. SEX Male	6. COLOR OR RACE	7. MARRI	D NEVER MARRIE		DATE OF BIRTH January 2	4,1883	9. AGE [In years less birthdoy) yrs.	Months	Doys Ho	JNDER 24 HRS. JUIS Min.
during most of we	TION (Give kind of work orking life, even if retired		KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPLACE Mary.		country)	12. CIT	IZEN OF W	HAT COUNTRY
13. FATHER'S NAME	Herman A.	Buck	e y		14. MOTHER'S MAI		Nusbaum			
15. WAS DECEASEDEN (Yes, no, or unknown)	VER IN U. S. ARMED FOR	CES? 16. 1	social security No L2-38-9634		Ruth E.	Dutrow	Freder 21 East 1	ck, M hird	aryla: Street	nd t,
Conditions, if gove rise to couse (o), stotin lying couse lost	immediate DUE TO	1 6	Liver liver	i i	Mrs.	wid,n	il alare	is	ONSET A	L BETWEEN
Ž	THER SIGNIFICANT CON							VEN IN PARI	PE	AS AUTOPSY ERFORMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER]	20b. DESC	RIBE HOW INJURY O	CCURRED.	(Enter nature of inju	ry in Port I or P	ort II of item 18.)			
20c. TIME OF INJU		20d. IN While of work	JURY OCCURRED Not while of work	20e. PLAC foctor	E OF INJURY (Home ry, street, office bld)	, form, 20f. (C)., efc.)	ity or town)	(0	County)	(State)
21. I certify alive on	B. O. Thomas	196 22 3, M.	O ,, and that	death a	228 N	ADDRESS Market Pick, Md	(Street, city or town,	and an th	July	DATE SIGNED
Bull 1971 (Specif	7-8-60 Prssignature hison & Son		Glade Ce				ersville,		Land	
M. R. Etc	inison & Son	, Fre	derick, Md			e (1) 1 1 1 1		Thur S .:	thous	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

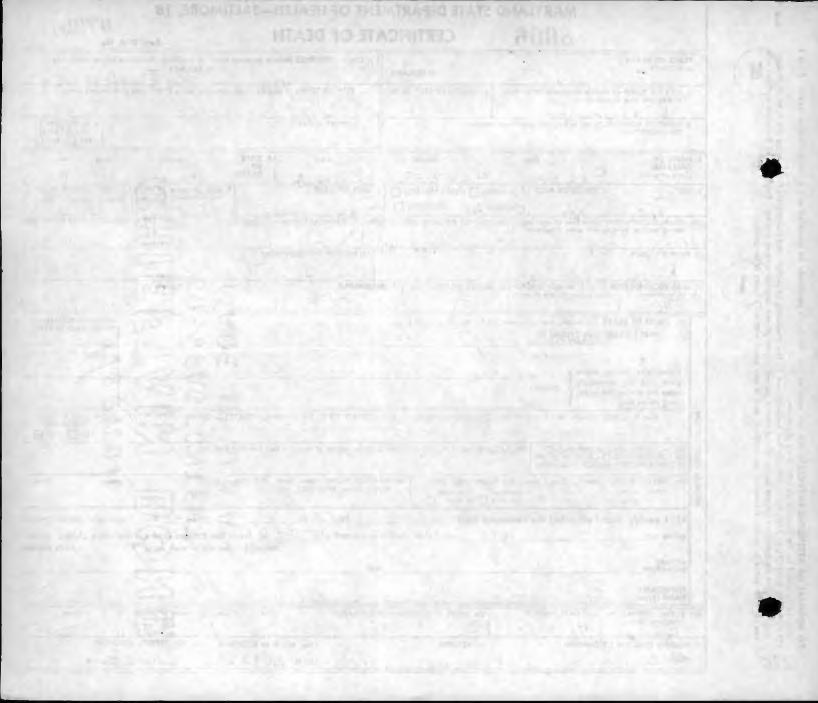
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8006

CERTIFICATE OF DEATH

0796°

1. PLACE OF DEATH	Arrich	MARYLAND	2. USUAL RESIDENCE OF CO. STATE	Where deceased live	b. COUNTY	dence before admir	ssion)
RURAL and give no	fautside carporate limits, write prest tawn) Romany fle	c. LENGTH OF STAY IN 18	CITY OR TOWN II	If outside corporate	limits, write RURAL or	nd give nearest tow	m)
	AL (If not in haspital, give stre	et address)	d. STREET ADDRESS	<u> </u>		ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ELLEN	Middle HATRIET	CRUM	4. DATE OF DEATH	Month	Day 10	Year 1960
5. SEX		RRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	, , le	GE (In years of UNE Manth 95 yrs.	DOYS HOURS	Min.
100. USUAL OCCUPATION during most of work	ting life, even if retired)	E. KIND OF BUSINESS OR INC	DUSTRY 11, BIRTHPLACE (SIE	and	у) 12.	CITIZEN OF WHA	T COUNTRY?
Darre 15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? I	6. SOCIAL SECURITY NO. 17	angelis INFORMANT G	Le Mus	Address	2 K	
- C -	mmediate (DUE TO	line for (0), (b), and (c).) ugested pure tenselectic	tiac spiler	du dis	iarl	INTERVAL BONSET AND	DEATH
5 Fixe	terred of le	S CONTRIBUTING TO DEATH B	survey limit	ed jehnger	exaptions	PERF	AUTOPSY ORMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Year 20d Whi		PLACE OF INJURY IHome, for factory, street, effice bldg.,		own)	(County)	(State)
	at I attended the dece		th accurred at 2 3	M, from th	. 1960, that te causes and or city or town, state)	the date stat	deceased ed abave. ATE SIGNED
PHYSICIAN'S NAME (Type)	E.A.DE	TBARN	mal	Murri	ll , Fren	1. Aug	11/19
REMOVAL (Specify)	1/13/60	Chapel	Cemetony	m. L	leesty tor	um)	ne)
23. FUNERAL DIRECTOR	arten Wa	Chersville.		JUL 13'60	24b. REGISTRAR'S CLITHUM	S. Kinna	



-		1	X
6)	To	Wit.	× (1)
Pog	<u>¥</u>	P	1
è	0	4	
Til.	D.a	9	
-6	5	D	-
le.	9	Hau	
0	Ξ	. CI	
500	9	3	
4		ř	
24	0	12	
F.	42	g	
- 3	te C	4	
D	9	ż	
5	E	be	÷.
ě	70	ď	8
40	6	Ø	P
-0	5	0	1
Ď	:[]	1	2
ij	hy	no.	Q.
583	0.	ē	2
£	di.	156	n 3
9	Ü.	Nec	H
9	5	c	3
÷	÷	The	ren
hal	70		6
15	P	Ē	an)
- 2	an B	ě	2,
5	Sign	-	P
*	icio	E	0
D	s b	+	Vo
The	d B	rio	ma
	i e	٥	9
V	Fice	the	0
0	to the	S	On,
¥	2000	0	of
a.	五章	7	Te T
S	Sp.	J fo	0,
0	AF	hed	io.
K	The S	loc	ã
E	× DI	de	5
~	PER	2	0
0	a E	P	P
A	0	ē	ror
E	9 6	3	gist
O	AZ Z	0	9
H	E	od	he
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4	may be retained by the haspital or ottending physician. TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director,		the registror prior to buriol, cremation, or remavol, and in any event within 72 hairs after death.

		MARYI 800		STATE DEPA		NT OF HEA		ALTIMO	ORE, 1	8 Reg. D	ist. No	179	62
1.	PLACE OF DEATH o. COUNTY	Frederic	le.	MARYI		o. STATE	-		If institution.	on: Reside	nce befo	re odmis	sion)
-	b. CITY OR TOWN RURAL and give	(If outside corporate limi		c. LENGTH OF STAY I		c, CITY OR TOW	N (If outside co	organica lim	its, write RI			riest town	
L	(Rural)	Frederick				Brunswi		73					
,	OR INSTITUTION		ive street	oddress)		d. STREET ADDR		nue					FARM?
3.	NAME OF DECEASED (Type or print)	Lena	M.	Middle	ni tt	lost	4. DA	TH	Mon	th	Do	•	Year 19 6 (
5.	SEX	6. COLOR OR RACE	1	RIED NEVER MARRIE	-	DATE OF BIRTH		9. AGI	(In years		1974 7	·	ER 24 HRS
	Female	e White	WIDOW	ED DIVORCED	0 2	2-12-189	13	67	birthday) yrs.	Months	Doys	Hours	Min.
10	during most of w	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUSTR	Mar yl		n country)			_	FWHAT	COUNTRY
13.	FATHER'S NAME			HOMO	1	14. MOTHER'S MAI					L.S.	-	
		William	Lan	ole			An	nna N	(oore				
15.	WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.			Eleano			Addr		-1-	1/2	
NOI	Conditions, I gove rise to couse (o), stotin lying couse los	immediate DUE TO	Ar	stric Car terioscle	rasi	S				EN IN PAI	RT 1(0) 1	MOI	
CERTIFICATION	200. ACCIDENT \ OR CONTRIBUTIO	MAS UNDERLYING DATH OF CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	Enter nature of inju	ury in Port I or	Part II of it	em 18.)				но 🗆
MEDICAL C	20c. TIME OF INJ Hour o. n	URY Month, Doy, Ye	While		20e. PLACI factor	E OF INJURY (Home ry, street, office bld	e, form, 20f. (g., elc.)	City or tow	n)	((County)		(Stote
	21. I certify of the on_J1 ACTUAL SIGNATURE THYSICIAN'S NAME (Type)	2	, 196		deoth o	ccurred ot 8:	Md. A	m the co	, 1960, ouses one by or town,	d on th	e date	stoted	d obove re signer 12,
22	BURIAL, CREMAT REMOVAL (Speci Burial	ION, 226. DATE THEREC	F	22c. NAME OF CEME Park H					ily, town, o		dan	(Stol	le)
23.	FUNERAL DIRECTO	PIS SIGNATURE	,00	ADDRESS		240			24b. REGIS				
1	0. KUT.	rell B	runs	wiek, Mary	Land	DA:	TEJUL 18	'60	Civi	ilun S.	1 Craw	UE.	

AND THE RESIDENCE AND PARTY OF THE second of th againstines (Tyrus) many and a grant restricts e continue en la continue de la cont • * • • • • • •

TO FUNT page 3 the State

VR A15 (4) 15M 9/59

81

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND

07963

CEDT	ICIO A	TE A	SE D	CATL
CERT	IFICA	AIE U	ノトレ	EAIR

1. PLACE OF DEATH			NCE (Where deceased lived		lence before admission)
b. COUNTY Frederick	MARYLAND	o. STATE	aryland	b. COUNTY E	rederick
b. CITY OR TOWN (If outside corporate limits, write c LENG RURAL and give negrest town)	OTH OF STAY IN 16	CITY OR TO	WN (If outside corporate li	mits, write RURAL on	d give nearest fown)
Frederick	Days	Fr	ederick-Rura	L-R.F.D.#L	1
d NAME OF HOSPITAL (If not in haspital, give street address) OR thistitution		d STREET ADE	DRESS		e. IS RESIDENCE ON A FARM2
Frederick Memorial Hospital		Feagav	ille		YES NO L
3. NAME OF DECEASED (Type or print) An Amanda	MAY C	uller	4. DATE OF DEATH	Farley	28 1960
S SEX 6. COLOR OR RACE 7. MARRIED 1	NEVER MARRIED	B DATE OF BIRTH	9/5		ER I YEAR IF UNDER 24 HRS
Female White WIDOWED XX	DIVORCED 🔲	October	26, 1889 7	Dirindoy)/ Month	Doys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND Of	F BUSINESS OR INDUS	STRY 11 BIRTHPLAC	IE (State or foreign country	12 0	ITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) Housework At	Heme		Maryland		USA
13. FATHER'S NAME		14 MOTHER'S M	AIDEN NAME		
David Thomas Stup		Hes	ter Thomas		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17, IN	IFORMANT		Address	
(Yes, no, or unknown) (If yes, give war or dates of service) 220–3	10-9309 Mr	. Wilbur	D. Culler, Jr	., Same as	Item #2
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond; (c)] //	,	- /	• • •	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c)	entrue de	and V	arlens		ONSET AND DEATH
DUE TO		7		. /	
Conditions, if ony, which) the first	the said	Chad	1760 Ce	Lan De	
gave rise to immediate	manus de la constante de la co		,	-ce Cus	195
couse (a), stating the under-	Linnage	Summe.	4		
	LTING TO DEATH BUT	NOT RELATED TO T	HETERMINAL DISEASE CON	IDITION GIVEN IN P	ART 1(a) 19 WAS AUTOPSY
3 Dickton hel	litus				PERFORMED? YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS ON ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HO OR CONTRIBUTION [] GAUSE OF DEATH [] (IF EITHER, NOTIFY MEDICAL EXAMINER]	OW INJURY OCCURRED	D. (Enter nature of i	njury in Port I ar Part II of	item 18.)	
	CCURRED 20e. PU it while fac wark	ACE OF INJURY (Ho tory, street, office b	me, form, 20f. (City or to ildg., etc.)	wn)	(County) (State)
		Jul. 22	- 1960 to See	1 28 10	7 00 000 000
21 I certify that (I) (this bospital) attended the saw the deceased alive an array 25 15	/ _ /	7	03	/	that (I) (we) last
saw the deceased alive an Alley - D 15	Ged, and that d	leath of curred	at 1.HM, train the	Causes and an I	the date stated above.
The same	V	ATTENDING	MED ST.	AFF	7/2 of SIGNED
22c. PHYSICIAN'S	,	M D. PHYS 22d. ADDRESS		YS 🗌	120,60
NAME (Type) A. A. Pearre, M.D.			rick. Maryla	nd	*
	AME OF CEMETERY O			City, town or count	y) (Stote)
REMOVAL (Snecify)	Luke's Ce				**
	DORESS		5a. REC'D BY REGISTRAR	ick County	
M. R. Etchison & Son, Frederi		nd			
Me to moorreport a parily in occur.	,,		DATE AUG 1 '60	arthur	Though



VS A15 (4) 15M 10/57

本	
(M)	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7979 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 7964

	1. PLACE OF DEATH o COUNTY				UAL RESIDENCE (WI	here deceased lives		Residence befor	e admission)
	F	rederick		YLAND	Mary	land	b. COUNTY	Freder	ick
	b CITY OR TOWN (If outsi RURAL and give neores)		te c. LENGTH OF STAY	IN 16 C	CITY OR TOWN (If o	outside carporate l	mits, write RUR	AL and give nea	rest town)
	Frederick		Days		Frede	erick			
1.	d. NAME OF HOSPITAL (IF OR INSTITUTION			1 d	STREET ADDRESS			•	IS RESIDENCE
1	Frederick -	conorial Ho	spital	/1	9 East Sec	cond Stre	eet		YES NO
*	3. NAME OF DECEASED	First	Middl		Lost	4. DATE OF	Month	Day	y Year
	(Type or print)	PHILIP			C LLER	DEATH	July	11,	19 60
	5. \$EX 6. C	OLOR OR RACE 7. N	ARRIED NEVER MARR	IED 🔲 8. DATE	OF BIRTH				IF UNDER 24 HRS
			DIVORC	- P	tember 6,1	T883 '	76 yn.	Aanths Days	Hours Min,
1	10a. USUAL OCCUPATION (G	ive kind of work done	106 KIND OF BUSINESS	OR INDUSTRY 11	BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY
/	during most of working lift Retired Pol	lice Sgt.	City Govt.		Maryl	and		USA	b
	13. FATHER'S NAME			14 A	NOTHER'S MAIDEN N	NAME			
		William L.	Culler		Sarah	C. Krant	22		
	15. WAS DECEASED EVER IN L	J. S. ARMED FORCES?). 17. INFORM.	ANT		Address		
	No		220-09-7059	Mrs.	Catherine	Long, Th	nurmont	R.F.D.#	2, Md,
	18. CAUSE OF DEATH [Enter only one couse p	er line for (o), (b), and (c)]		,			RVAL BETWEEN
	PART I DEATH W	AS CAUSED BY. EDIATE CAUSE (0)	Pulmon	ary L	Embo	10.5		UNS	ET AND DEATH
	4(5)	DUE TO		1		•			
	Conditions, if any, w	hich) (b)							
	gove rise to immed couse (a), stating the ur	liate (
	lying couse lost.	(c)							
	PART II. OTHER SIG	GNIFICANT CONDITIO	NS CONTRIBUTING TO DE	ATH BUT NOT RE	LATED TO THE TERMI	NAL DISEASE CON	NDITION GIVEN	IN PART 1(a) 19	WAS AUTOPSY
	PART II. OTHER SIG								PERFORMED? YES NO NO
	200 ACCIDENT WAS UNITED OR CONTRIBUTING CA	DERLYING [] 206.	DESCRIBE HOW INJURY (OCCURRED. (Enter	nature of injury in I	Part I or Part II of	item 16.)		
		CAL EXAMINER)							
	ZOc. TIME OF INJURY Mo	,,	d. INJURY OCCURRED	20e PLACE OF	INJURY (Home, form	20f (City or to	wn)	(County)	(Slate)
	Hour o.m.		hile Not while work of work	tociory, sir	eet, office bldg , etc.	-1			
	21. I certify that I	attended the deci	acsed from July	5.	19 60 , 10 Ju	lw 11.	10 60	het I leat on	
	glive on July 1	L ₂ 1	1-1		red out: 30P	M from the	, 17_222,,1	nui i iust su	w the decease
	10.1	/	1.1	A A		ADDRESS (Street, a			e siatea above DATE SIGNEI
1	ACTUAL /1	Keles S.	Culman	12 40	Professio	nal Buil	ding	7	/12/60
Н			- 0	M.U				*	
	PHYSICIAN'S Char	les S. Put	man, Jr.		Frederick	c, Maryla	ind		
	220. BURIAL, CREMATION, 22	b. DATE THEREOF	22c. NAME OF CEN	ETERY OR CREM	ATORY	22d. LOCATION	City, town, or o	Ounty)	(State)
	REMOVAL (Specty) Burial J	uly 14,196	0 St. Luke	s Cemete	ery	Feagavi		**	arvland
	23 FUNERAL DIRECTOR'S SIGN		ADDRESS		24o. REC'E	D BY REGISTRAR		AR'S SIGNATUR	
	M. R. Etchi	son & Son,	Frederick,	Marylan	DATE 111	1 1 4 160	100	1 8 Harris	4



VS A15 (4) 15M 9/55

1		MARY	LAND	STATE D	EPARTM	LENT OF H	EALTH	-BAL	TIMORE, 1	8			
		79	80	CE	RTIFIC	ATE OF D	EATH			Reg. D	(list. No	79	55
1.	PLACE OF DEATH o. COUNTY Fred	lerick			MARYLAND	II - CTATE	ENCE (WHO		d lived. If instituti b, COUNTY	on Reside	ence befo	re admiss	ion)
	b. CITY OR TOWN (If RURAL and give nea Frederic	rest lawn)		s. LENGTH OF		11 3 /	own (If a		rate limits, write R	URAL and	l give ne	arest town	1)
	d. NAME OF HOSPITA OF INSTITUTION 15 East Th	L (If not in hospital g	ive street d	oddress)		d STREET A		t Thi	rd Street	5			FARM?
3.	NAME OF DECEASED (Type or print)	ELI:	" ZABET		Middle THRINE	DAVIS		4. DATE OF DEATH	Mar	_	ıly	" 11,	Yeor 19 60
L	Female	6. COLOR OR RACE White	WIDOWE		VORCED 🔲	8. DATE OF BIRTI	1891		9. AGE (In years lost birthday) 69 yrs.	Months	Days	Hours	ER 24 HRS Min.
R	o USUAL OCCUPATION during most of worker of the control of the con	ng life, even if retired	1 .	KIND OF BUSIN Laundry		Jef	ferso	n, Md		12 C	USA		COUNTRY
	James H. I					14. MOTHER'S Lydia	D. J		fman				
15	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wor or dotes of s		None		iss Maud	E. Da	vis	(Same as		#1))	
	Canditions, if any gove rise to im cause (o), stating the lying cause lost.	H WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO y, shich) mediate (DUE TO		OP	ind (c)]	K who	sge				ON	ERVAL BE	
CERTIFICATION		R SIGNIFICANT CON UNDERLYING CAUSE OF DEATH REDICAL EXAMINER				F NOT RELATED TO				EN IN PA	RT 1(o)	PERFC	AUTOPSY PRMED? NO XXX
MEDICAL	20c. TIME OF INJURY Havr a. m. p. m.	Manth, Day, Ye	While	UURY OCCURR Nat white at work	L	ACE OF INJURY (I Iclary, street, affice	bldg., etc.)				(County)		(State)
	21. I certify that alive on	t l attended the	decease _, 19 G		_	n accurred at	4 4	_M, from	16. 1966 In the causes of treet, city or town.	and an	the do	ite state Di	
	PHYSICIAN'S H	F. Kline	, М.	D.		Frede	rick,	Md.					
22	PEMOYAL (Specify)	7-14-69)F			Cemetery		Fred	tion (City, town, erick, Mo	ar county)		(Sta)	e}
23	FUNERAL DIRECTOR'S M. R. Etchi	signature LSON & Son	, Fre	ADDRESS derick,	Maryla	and	240, REC'P	BY REGIST	RAR 246. REGI	STRAR'S S	IGNATU	RE Augus	

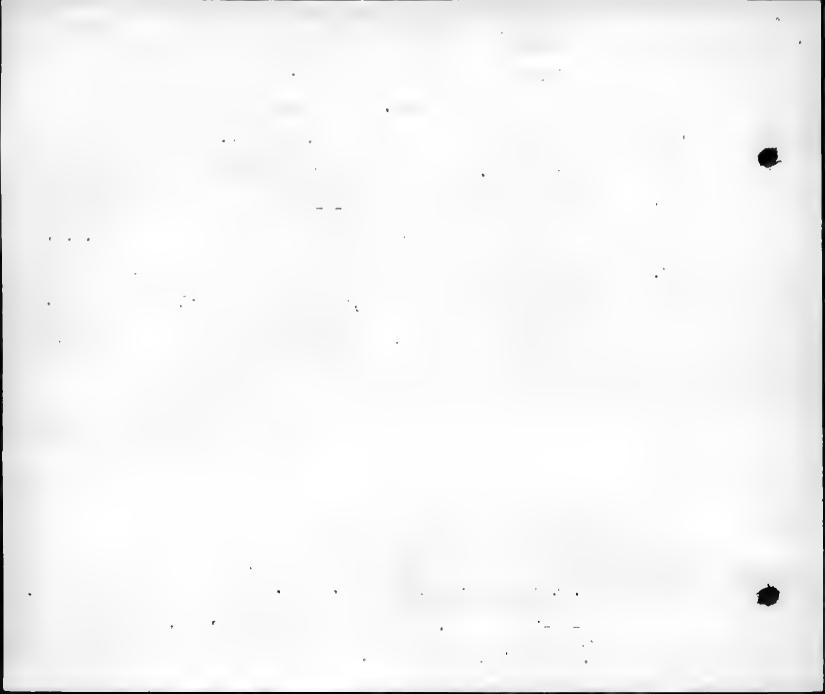
DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8008 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Frederick, Maryland Filed v a. COUNTY G. STATE Maryland b. COUNTY Thurmont (Fred.) within 24 hours after death. funeral CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunckerder remembers. Md. 132 days Frederick should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION Vindobona, Inc. (East Main St.) ON A FARME Thurmont 24 YES NO T NAME OF 4. DATE Middle Etta 1°60 Julia Davis DECEASED OF DEATH (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 9. AGE (In years less birthday) Female Months Davi Hours Min. WIDOWED [7] DIVORCED | yes 10p. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland Own Home offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Julia Carbaugh Cornelius West 17. INFORMANT Address Thurmont, Md, 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, so, he phynown) Mr. Thornton A. Davis attending ease 18. CAUSE OF DEATH [Enter only one couse per line for [o], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ä PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cottse (a), stating the underlying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS PERFORMED? YES NO " 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour a.m. Not while of work of work 21. I certify that I attended the deceased fram. Now 21, 1959 19_60 that I last saw the deceased , and that death occurred at 10.15M, fram the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE prior P PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote) page may REMOVAL (Specify) 7-21-60 urial Blue Ridge Cemetery Thurmont. Maryland 0 23 FUNERAL DIRECTOR'S SISMATURE **ADDRESS** 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEJUL 2 2 '60 VS A15 (4) Circhay S. Kinus Thurmont 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



8001 CERTIFICATE OF DEATH director, Silv. PLACE OF DEATH o. COUNTY o. STATE Maryland filed Frederick MARYLAND within 24 hours ofter death. the funeral should be fil CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give negrest town) Brunswick Tife Brunswick d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 26 East TIDII 25 26 East NAME OF First Middle 4. DATE DECEASED Forrest Elmer Tieo DEATH (Type or print) Poges 匮 6. COLOR OR RACE S. SEX 7- MARRIED NEVER MARRIED 8. DATE OF SIRTH 12-25-1899 White Male WIDOWED [7] DIVORCED [60 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life even if retired) B.&.O.R.R.Co Maryland puo Conductor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician George Forrest move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT No attending that the death 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ā PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO á permit. Conditions if ony, which gned gave rise to immediate DUE TO cause (a), stating the under-1 20 puo lying couse lost. **burial-transit** physician FICATION remayal, ATTENDING PHYSICIAN: The 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month. Day. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or town) factory, street, office bldg, etc. 0. m Not while of work of work [7] 21. I certify that I attended the deceased fram 1. 195 detached alive an DIRECTOR: ADORESS (Street á ACTUAL SIGNATURE **.** peu TO <u>_</u> PHYSICIAN'S C.E. Prui/tt NAME (Type) 220. SURIAL, CREMATION, 226 DATE THEREOF may be 22c. NAME OF CEMETERY OR CREMATORY 8-2-1960 St. Marys 9 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n REC'D BY REGISTRAR

Brunswick, Maryland

07968

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Frederick c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) IS RESIDENCE ON A FARM? YES NO 60 19 9 AGE (In years lgst birthday) FUNDER I YEAR IF UNDER 24 HRS. Months Days Hours yrs, 12 CITIZEN OF WHAT COUNTRY? U.S.A. Winona Gaver Address Mrs.Rachael Forrest.Brunswick.Md. INTERVAL BETWEEN ONSEL AND DEATH my PAIT IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 14 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) (Stote) (County) 19.4 Athat I last saw the deceased and that fleath accurred at 130 Park, from the causes and on the date stated above. city or town, state) Brunswick, Maryland 22d. LOCATION (City, town, or county) Petersville, Maryland 24b REGISTRAR'S SIGNATURE

DATEAUG 2

'60

arthur & Home

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A1S (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, iff institution. Residence before admission) director. Page for your files. oord of Health, o. COUNTY Frederick Frederick MARYLAND Maryland b. CITY OR TOWN (" outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest fown) Walkersville Frederick.R.F.D.I. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3, NAME OF First. Middle 4. DATE DECEASED OF (Type or print) Lerov Rowler DEATH July 4 多美 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS lost birthday) Months Male White WIDOWED [DIVORCED [] September 3,1913 Give Pages 1, 2, and h form PM3. Page 5 File pages 1 and 2 my event within 72 h 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 13 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Maryland Maryland 13. FATHER S NAME ARMED FORCES? WAS DECEASED EVER IN U. S. 16. SOCIAL SECURITY NO. 17. INFORMANT olong with Helen Fowler, Frederick, R. F. D TE. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: Acute Congestive Heart Failure IMMEDIATE CAUSE (a) pencil in **DUE TO** Artero Sclerotic Heart Disease Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cours lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19, WAS AUTOPSY 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20f. (City or lown) factory, street, office bldg., etc.) Not while While at work of work 21. I certify that I took charge of the remains described above, held on Autapsy XI. Inspection XI. Inquiry ... CTOR: opinion death resulted from: Natural causes 24. Accident 17. Suicide . Hamicide . Undetermined manner PIREC ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas. M.D. NAME (Type) DEPUTY MEDICAL EXAMINER F P. C. 220. BURIAL CREMATION 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

VS. ATSME

0

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

July 5, 1960 22d. LOCATION (Gity, lown, or county)

07965

Day

Davis

U.S.A.

(County)

. IS RESIDENTE ON A FARM? YES NO

19 60

Hours Min.

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

2 he

Year plu B

PERSORMED? NO [

DATE SIGNED

(Stole)

(State)

Reg. Dist. No.

244 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

07970

e. IS RESIDENCE ON A FARM?

12 CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

5 yrs.

(County)

PERFORMED?

YES NO TY

(Stote)

SIGNED

(Stote)

Marylahd

YES TY NO

Year

1960

Frederick

1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE o. COUNTY b. COUNTY MARYLAND Frederick Marvland b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town)
Harrisville 20 yrs. Harrisville d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION Rural -- Mt. Airv Rural -- Mt. Airy NAME OF Middle 4. DATE Month DEATH (Type or print) COLUMBUS GRIMES July 7. MARRIED NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH lost birthday) Months Days White WIDOWED | DIVORCED | Male yrs. 10a, USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) Maryland N. I. H. Animal Caretaker 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katherine L. Linton David G. Grimes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Same as Mrs. Marvis L. Grimes. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. JAMAEDIATE CAUSE (a) HYPERTENSIVE CARDIOVASCULAR DISEASE with **प्राप्ताध** (h) CHRONIC MYOCARDITIS Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY ACUTE NEURITIS OF SCIATIC NERVE: CAUSE UNDETERMINED 200 ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f, (City or fown) factory, street, office bldg , etc.) Hour o. m. While Not while of work at work p. m. 7.26.60 and that death accurred at 2:100 from the causes and an the date stated above saw the deceased alive an 220 SIGNATURE M.D. PHYS MED DIRECTOR STAFF PHYS 22c. PHYSICIAN'S NAME (Type) H. Lawson, Jr. M.D. Sykesville, Maryland 23a BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) Bethesda Cemetery Carroll Co., 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25o, REC'D BY REGISTRAR C. M. Waltz. Winfield, Maryland DATE AUG 1 Chillian 9 House

funeral uld be f fills Pages campletely popers haurs and carban attending been signed burial-transit attending physician has certificate ÷

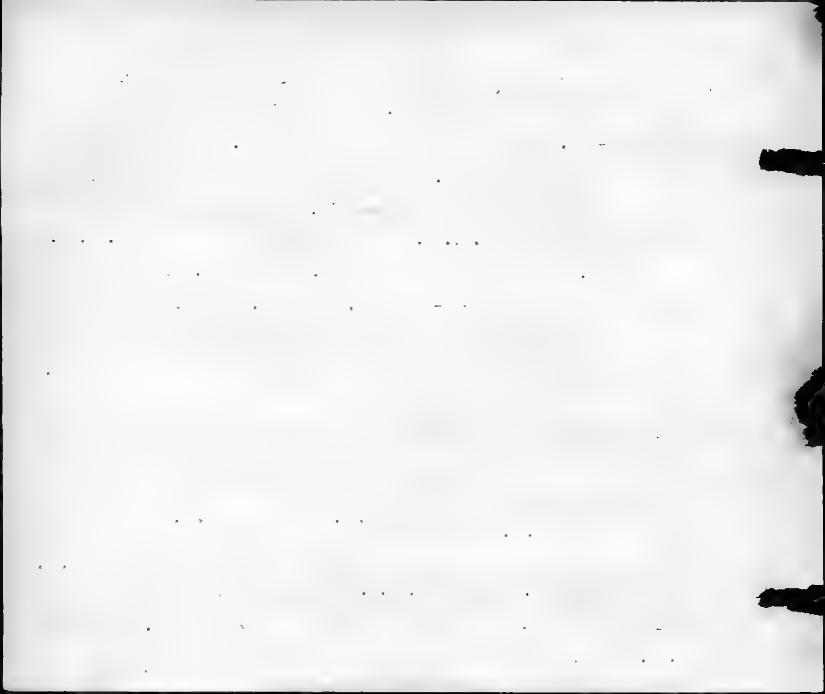
With director

LOR may t VR A1S (4)

ISM 9/59

DIRECTOR:

þe



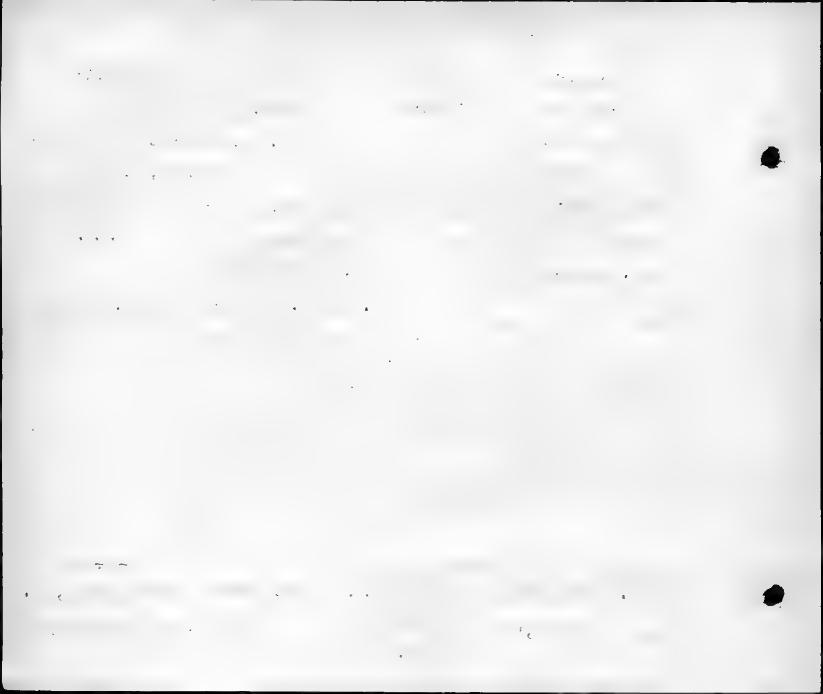


07972

	- 44 0 / 5	QEIXIII IQA	TE OF DESCRIPTION		
1. PLACE OF DEATH o. COUNTY	rederick	MARYLAND	2. USUAL RESIDENCE (Who do STATE	ere deceased lived. If institution b. COUNTY	Residence before odmission) Frederick
b CITY OR TOWN RURAL and give	(if auts de carporate limits, write	c LENGTH OF STAY IN 16		utside carporate limits, write RU	
d. NAME OF HOSP OR INSTITUTION Three Pin	ITAL (If not in hospital, give street es Nursing Home	address)	d. STREET ADDRESS 271 W.	Patrick Street	b. IS RESIDENCE ON A FARM? YES NO M
NAME OF DECEASED (Type or print)	Inolla	Middle	Hall Lost	4. DATE Month OF DEATH July 12	
s sex Female	6 COLOR OR RACE 7 MAR WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	June 28, 1874	last birthday)	Months Days Hours Min.
Homemake	ION (Give kind of work dane 10b irking life, even if retired)	None	New Jerse	9 y	12.CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			MOTHER'S MAIDEN N		
John M.	Stratton		Sarah Ella	Stout	
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17 II	NFORMANT	Addre	35
No		None Mr	s. Elmer F. M	unshower Frede	rick, Maryland
Canditions, if gave Pise to cause (a), statin lying cause last	immediate DUE TO	the Congestive	o y pelus		3 mo.
3 3/4	dertension				PART I(0) 19. WAS AJTOPSY PERFORMED? YES NO
	AS UNDERLYING 20b. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Part I or Port II of item 18)	
20c. TIME OF INJU Have a. m p. m	. While	C-	ACE OF INJURY (Home, farm ctary, street, affice bldg, etc		(Caunly) (Slote
1 '	nat (I) (this hespital) atten		7/5 5/3	- / /	1960 that (I) (we) last an the date stated above
220 SIGNATURE	· auti- 6	earre_	M.D. ATTENDING MI	ED. STAFF PHYS.	22b date SIGNEI 7-13-1960
22c PHYSICIAN'S NAME (Type)			M.D. 4 East	Church Stree	t Frederick, Md.
23g BURIAL, CREMAT REMOVAL (Special		23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town or	r county) (State)
Burial	July 16, 160	LAWNVIEW Com		Philadelphia,	
24 FUNERACIONECTO	Lailegh	Frederick, M			TRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death. Page 4 may be made by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 smould be detached for use as the buriol-transit permit. Then please reported and propers. Pages 1 and 2 should be filed with the State Board of Elea th prior to Eurial, are removal, and in any event, within 2 hours after death. VR AT5 (4) 15M 9/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH PRIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. [LACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)								
	0	FREDERICK MARYLAN	D	O. STATE MARULAND 6. COUNTY FREDERICK								
	Ь	CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1	Ь	c CITY OR TOWN (It autside carporate limits, write RURAL and give nearest town)								
		FURAL and give nearest fawn) FREDERICK Years		1) FREDERICK								
	C	I. NAME OF HOSPITAL (If not in haspital, give street address)	-#	d. STREET ADDRESS e. 15 RESIDENCE								
ą.		OR INSTITUTION FREDERICK MEMORIAL HOSPI	1714	9 EAST SECOND STREET ON A FARM?								
	3 P	NAME OF First Middle		Last 4. DAYE Manth Day Year								
		Type or print) ANAUD KELLER	K	KESSLER DEATH JULY 29 1960								
	5. \$	EX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED] 8	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Min.								
		FEMALE WILTE WIDOWED DIVORCED	1 /	MARCH 22, 1894 (6 (e yrs Months Days Hours Min.								
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	IDU5	TRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?								
		HOUSE WIFE At Home		MARY LAND U.S.A.								
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
		Thomas F. STINE		Mary CARTEE								
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, no. or unknown) (If yes, gave wor or dates of service)	7 IN	FORMANT Address								
		No M	ír.	George Kessler-Same as Item #2								
		1B CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c),		INTERVAL BETWEEN								
		PART I DEATH WAS CAUSED BY: AOAMS- STO.	KB									
		DUE TO										
		Conditions if any, which) (b) ARTERIOSCEROTIC HEART DISEASE 10 YEARS										
		gave rise to immediate cause (a), stating the under										
		lying cause last.										
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	B/4T	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY								
	CATION	RHEUMATOLD HETHRITIS PERFORMED?										
	CERTIFIC	20g ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH	RRED	(Enter nature of injury in Port I or Part II of Item 18.)								
		(IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL			CE OF INJURY (Home, farm, 20f (City or town) (County) (State)								
	MED	Hour a, m. While Nat while at wark at wark	Ide	7/29/60								
		21 I certify that (I) (this haspital) attended the deceased fra	Im.	July 1960 . to July 29 , 1960, that (1) (we) last								
		saw the deceased alive an July 19, 1940, and the	at d	eath accurred at £1.0M, from the causes and an the date stated above								
		226 S/GNAJURE	ur ur	225 DATE								
		Cupard C. Cermoles	h	ATTENDING MED STAFF SIGNED A.D. PHYS.								
		22c PHYSICIAN'S		22d. ADDRESS								
		NAME (Type) Richard C. Reynolds, M.D.		East Church St., Frederick, Maryland								
i	23a	BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETER	Y OF	R CREMATORY 23d LOCATION (City town, or county) (State)								
		REMODITE Aug.1,1960 Reformed Co	eme	tery Middletown, Maryland								
	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		25a REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE								
App.	M	. R. Etchison & Son, Frederick, Maryl	Lan	DATE AUG 4 '60 Carthur S. Floria								



TO FUNE

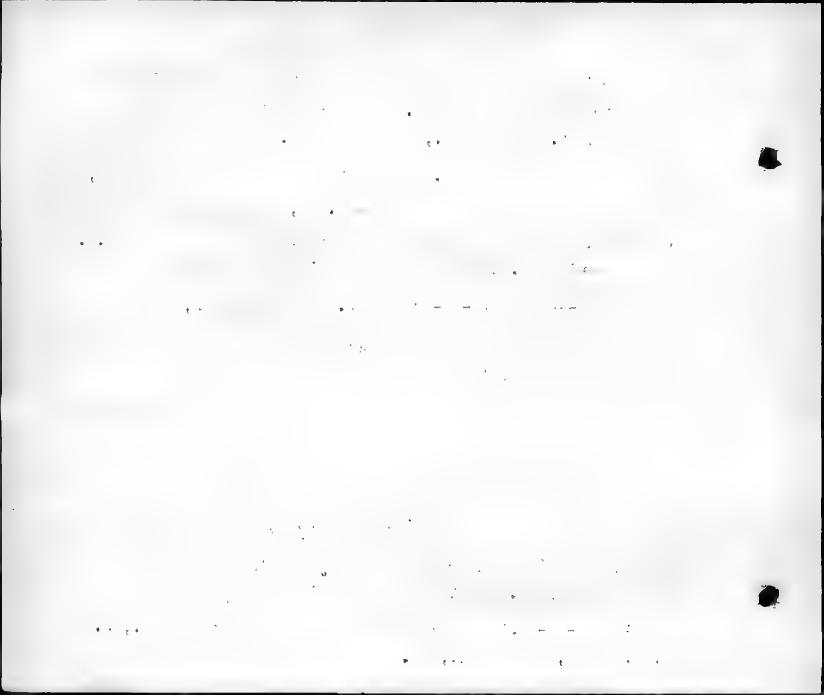
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7984

CERTIFICATE OF DEATH

07974 Reg. Dist. No.

- 1			_							
	PLACE OF DEATH o. COUNTY	Fredenick		MARYL	11	USUAL RESIDENCE S. STATE Mary	•	d lived If institu b. COUNT	Freder:	perfore admission)
١	RURAL and give no	f outside corporate limi parest town)	ts, write	c. LENGTH OF STAY I	N 1b	CITY OR TOWN	(If outside corpo	prote limits, write	RURAL and give	negrest town)
	d NAME OF HOSPI	ederick AL (If not in hospitel g 214 E. Pa			13	d STREET ADDRES	erick . Patri	ick		e IS RESIDENCE ON A FARM?
d		LI4 D. Fa	OLIC	A Due,		214 10		LOA		YES NO A
	3 NAME OF DECEASED (Type or print)	HARR		A.	KLE	Last IN	4. DATE OF DEATH		LY 2	2, Year
	5 SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIE	8. D/	TE OF BIRTH		9 AGE (In year lost birthdoy	Months Do	FAR IF UNDER 24 HRS
	male	white	WIDOWE	D DIVORCED	D A	1g. 10,	1888	71 "	3	
ľ	during most of worl	DN (Give kind of work a king life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUSTRY	11 BIRTHPLACE (S	itate or foreign o	ountry)		OF WHAT COUNTRY
ı	Poultry	man		Poultry		Mary]			U	.S.
	13. FATHER'S NAME	D T	7.77	-4-	14	. MOTHER'S MAID	en name n ie Lo v	then on the		
J				ein			ITE TO			
		R IN U. S. ARMED FOR (If yes, give wer or dates of a	ervice)	SOCIAL SECURITY NO		MANT			dress	
ı	ne l		21	<u>5-32-7295</u>	Mr	s. Marga	aret K	ein,	Same	
		ATH [Enter only one co ATH WAS CAUSED BY:	1/2	e for (o), (b), ond (c)	. 1	lail.	1			INTERVAL BETWEEN
1	(1) (IMMEDIATE CAUSE (o		urrieur	a x	<u>www.a.</u>	wer_			Muce
1	CALARI .	DUE TO	Ph	1212 (To all					Turk
1	Conditions, if o	mmediate		onory o	rucc	un				1 weeks
	couse (a), stating lying couse lost.	the <u>under-</u> DUE TO								
	CATIC	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUT NG TO DEA	TH BUT NOT	RELATED TO THE TI	ERMINAL DISEAS	E CONDITION G	IVEN IN PART 1(PERFORMED? YES NO
	(IF EITHER, NOTIFY	S JNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	RIBE HOW INJURY OC	CURRED (Er	ter noture of injury	y in Port (or Po	t II of item 18.)		
	20c TIME OF INJUR Hour o.m	Y Month, Day Yes	1		20e PLACE (OF INJURY (Home, street, office bldg.	form, 20f. (Cit	y or town)	(Cou	nty) (Stote
ı	Hour o.m	19	While of work	Not while ot work	ιφειοίγ,	street, office blog	, 010)			
١	21. I certify th	at I attended the	decease	ed fram.	4	., 19.5.4., ta.	7/	22. 196d	2,that 1 last	saw the deceased
1	alive an	7/24	, 12_9	20, and that	theath aco	curred at 5 14	M, fram	the causes o	and an the d	late stated above
ACTUAL AC								DATE SIGNED		
	SIGNATURE	Musil.	Ju	mao,	M.D.	76	OTATI	will	<i></i>	1/20100
	PHYSICIAN'S NAME (Type)	JAMES E	. TH	OMAS		Fre	derick,	Man	1 land	
	220 BUR AL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEME				TION (City, town	-	(Stole)
	BURIAL	7-25-19	060	Locust	Grov				Co., Md	
	23. FUNERAL DIRECTOR		72 A 3	ADDRESS		1	REC'D BY REGIS		GISTRAR'S SIGNA	
1	C. M. W	altz. V	VIIII	eld. Md.		DATE	111 2 6 '6	1 a	Muy S. Ku	oddella

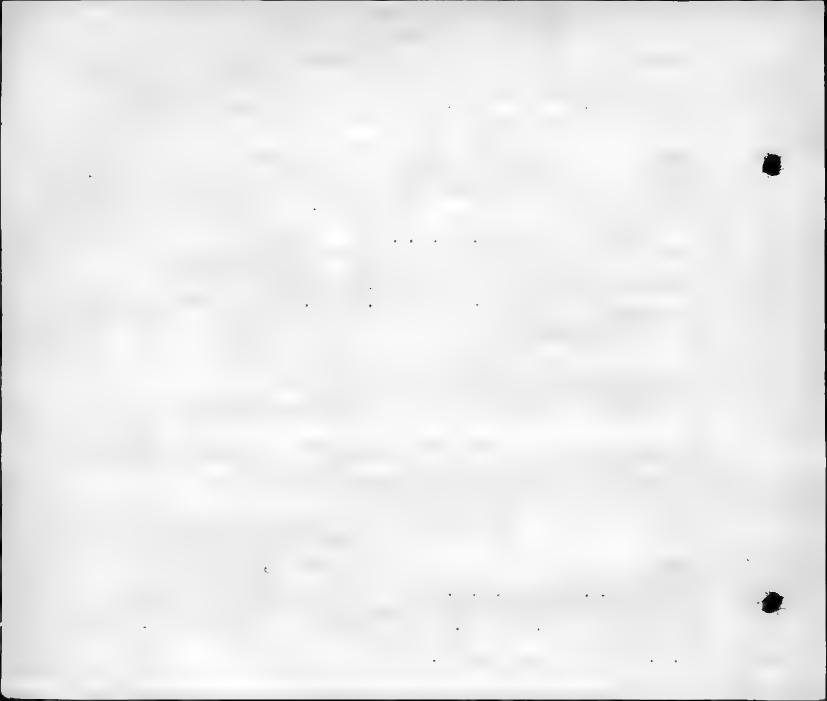


W.			2	
6		ē	·\$	-
Õ		ire.	É	
2		0	E	1
Ē		0	٨	Ć
ő		Š	g	
ě		0	Ö	
6		듄	\$	
5		و	7	
2		ĺ	Ĺ	
4		7	,	
Ę		æ	Š	
ŧ		-6	2	
9		Š	é	
Š		Ē	ä	3
ĕ		8	9	3
õ		P	S	Ť
å		0	Ę	į
ê		Ö	8	7
ğ		ž	×	0.000
E E		쉽	Ē	4
ŭ		9	0	5
ē		ğ	ő	:
ô		ŧ	ď	-
9		0	6	1
5		뚠	Ė	-
Ě		à	£	2
9		3	E	į
3		Ö	8	
ě	6	E	18it	ì
3	310	90	ç	_
•	Ř	32	픙	-
E	0	ž	5	Ì
ż	ē	9	9	9
≤	ē	ific	£	
×	Ö	t e	8	į
Ì	ō	. 2	500	Ì
	Ē	£	5	-
ž	Sp	ě	Ę.	_
Ş	ž	₹	Ę.	4
	the	ä	S	4
4	À	ĭ	9	4
*	P	REC	å	-7
0	Jin.	5	5	i
₹	etc		ē	
ISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death." Fage 4	be retained by the haspital or attending physician.	WING I DIRECTOR: After this certificate has been signed by the attending physician and campletely fill that by the funeral director.	Sold be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages, and 2 should be titled with	The state of the s
∽.	,0	7	_	12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8012 CERTIFICATE OF DEATH

Reg. Dist. No. 17975

1. PLACE OF DEATH O COUNTY Frederick MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Point of Rocks Tears					c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Point of Rocks							
d. NAME OF MOSPITAL (If nat in haspital, give street address) OR INSTITUTION					d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF First Middle DECEASED (Type or print) HARRY JACOB					Los LAM	BORT	4. DATE OF DEATH	July	th	Day 27.	Year 19 60	
	sex Male	6 COLOR OR RACE	7. MARR	ED NEVER MARRIED		March 6		L.	9. AGE (In years last birthday)			INDER 24 HRS.
100	USUAL OCCUPATION during most of working most of working	N (Give kind of work on ng life, even if retired)	one 10b.	B. & O. R.	INDUS	TRY 11 BIRTHPL		or foreign c	ountry)	12. CITI	TEN OF W	HAT COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S						
_		Harry Lan			I and the		Mar	y McCi	tcheon			
	WAS DECEASED EVER	IN U. S. ARMED FOR- Lyss, give war or dates of H	rvice)	SOCIAL SECURITY NO. 05-07-7660		Mary	V. Lar	mbert,	Same as		#2	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Cerebral Thrombosis									INTERVAL BETWEEN ONSELAND DEATH 5111			
	Conditions, if ony, which Congestive Heart Failure								l year			
	gove rise to im couse (a), stating II lying couse last,											
VIION	PART II. OTH			ONTRIBUTING TO DEAT	IH BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	PI PI	PEOPMEN2
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED	(Enter nature a	f injury in F	Part I or Por	t II of item 18.)		1 12	□ но.В
MEDICAL (ounly)	(Stote)		
	21. I certify that I attended the deceased from July 21+ , 1960, to July 27, , 1960 hat I last saw the decease alive on July 27 , and that death accurred at 10:15PM, from the causes and an the date stated above									the deceased tated above		
	ACTUAL SIGNATURE	1.7		2-0	<u>_</u>	A.D. Brun		•	treet, city or town, ryland	utote)	7/	29/1960
	PHYSICIAN'S NAME (Type)	T. Byron	Kao,	M. D.								
22	O BURIAL CREMATION REMOVAL (Specify) DUFTEL	July 30,		St. Paul					TION (City, Iown, on the of Roc		ryla	(Stole) nd
23.	FUNERAL DIRECTOR'S		Dec	ADDRESS	7			BY REGIST		TRAR'S SIGI		
	M. R. Etch	nison & Sor	, Fr	ederick, Ma	r yle	and	DATE AU	IG 4 "	50 a	thun S.	Tiraue	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Poge

executed within 24 hours ofter death.

requires that the death certificate be

HOSPITAL

0

FOR ST, HEALTH I

etif cale should be executed within 24 hours after death. If any decretar, please d'inpending" in pencil in tem 18. Give Pages 1, 2, and 3 to the interior. Page fedical Examiner's Office stong with farm PM3. Page 5 may be rector. In your films. I be used as a burial-transit permit. File pages 1 and 2 with the 1 elevated of Health, vial, cremation, ar removal, and int any event within 72 hours after death.

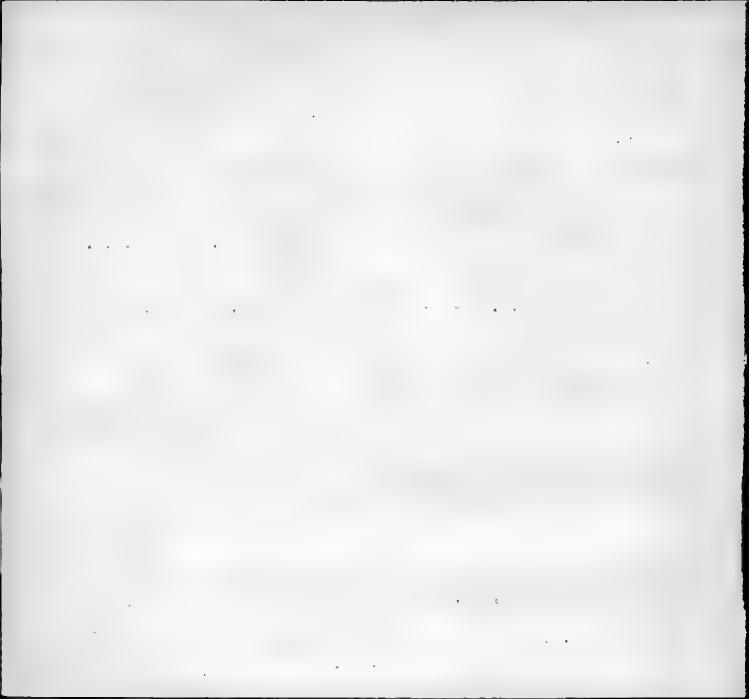
Ja.

4 sh. AL DIRECTOR: P. TO FU; sesignated agent, pr. or its MEDICAL & a certificate, TO DEP executa-1 sh. TO FU:

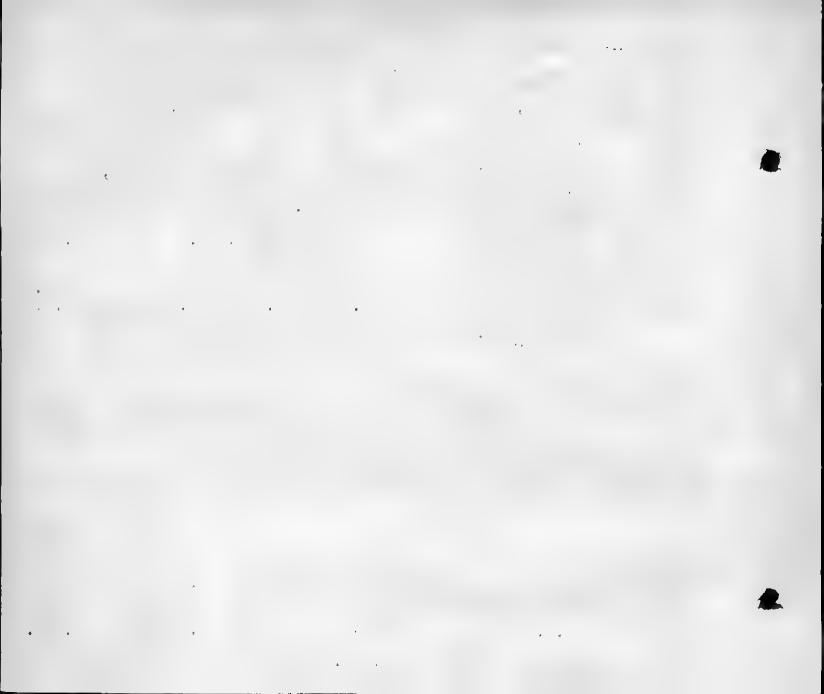
V\$ A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07977 7985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No. DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admiss on) o COUNTY & countyontogomery Frederick · STATE Maryland MARYLAND b. CITY OR TOWN (If pulside corporate him to my te BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Near Damascus d. NAME OF HOSPITAL OR INSTITUTION, (if not an hospital, give street oddress) d STREET ADDRESS e IS RESIDER. CI Frederick Memorial Hospital ON A FARM? Rural YES NO NO NAME OF 4. DATE Month DECEASED Charles Sedgewick July 31 Lewis (Type or print) 1060 DEATH 6 COLOR OR RACE 7 MARRIED T NEVER MARRIED T B DATE OF BIRTH 9. AGE In years IF UNDER LYEAR IF UNDER 24 HRS Wkite Malle Months Days Hours December WIDOWED [7] DIVORCED T 100 USUAL OCCUPATION (G ve kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of wortung life, even diretired) Washington.D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Lewis Melanie Simons 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Yes. .213-12-1952 Mrs Ryth Lewis, Damascus, Md 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY THROMBIS, ACUTE IMMEDIATE CAUSE (a) hour DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying cover fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES DE NO F 20a. EXTERNAL CAUSE WAS FRIMARY () or CONTRIBUTING () CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Hem 18) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20t. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) While Not while al work at work 21. I certify that I took charge of the remains described above, held an Autopsy [2], Inspection [2], Inquiry [2], opinion death resulted fram. Natural causes [2], Accident [7], Suicide [7], Homicide [7], Undetermined manner [7] ACTUAL DATE SIGNED M.D. CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER B.O. Thomas, M.D. **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER AUgust I. 1960 220 BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial Fort Myer, Virginia Arlington National 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Damascus, DAHLG 3

ATE

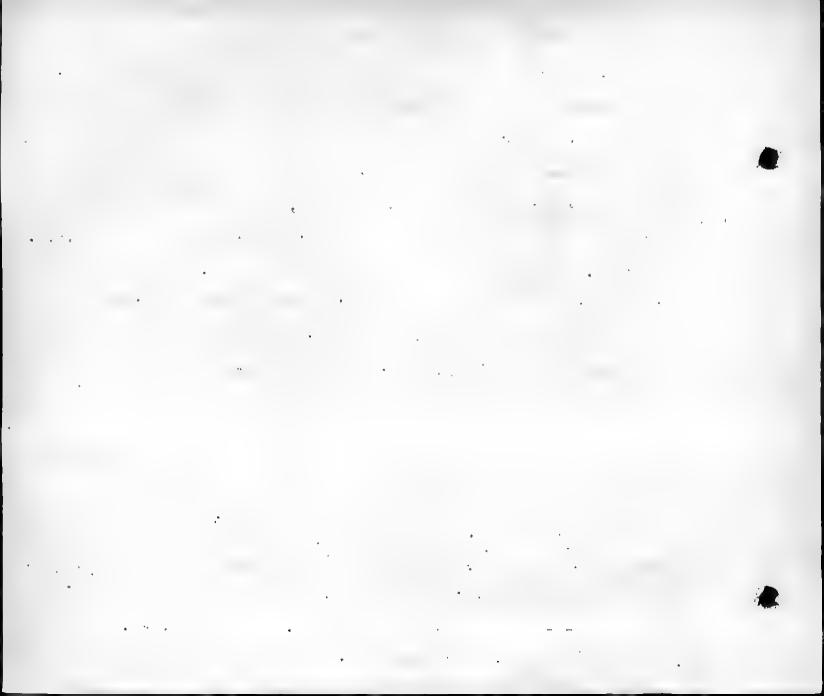


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07978 **CERTIFICATE OF DEATH** Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a COUNTY b. COUNTY Frederick be filed Frederick MARYLAND Maryland within 24 hours after death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
ral Emmitsburg, plands Rural Emmitsburg, Rural Vears d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? R.D.# 3 R.D.#3 YES NO. NAME OF Middle 4. DATE Manth Day Year DECEASED Dennis Calvin July 30, 1960 Manahan (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Male White WIDOWED | DIVORCED [7] pril 9. 1889 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benton Manahan Virginia Cline IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. No Della C. Manahan. Emmitsburg. R. D. #3 attending 76-07-9673 Mrs. pleose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Then 1220-2 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gave rise to immediate DUE TO cause (a), stating the underlying cause last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, PERFORMED? YES NO [] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f (City or town) [County] (State) factory, street, office bldg., etc.) Hour a. n. While Not white at work at work p. m. 30, 1960 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 5 alive on M. From the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 卫 PHYSICIAN'S NAME (Type) MORNINGSTA 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (2fty, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Thurmont.Frederick Co. Md. United Brethren Aug.2. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR Emmitsburg. Md. DATE AUG 2 160 Outhur S. Kraus 15M 9/55 Wilson

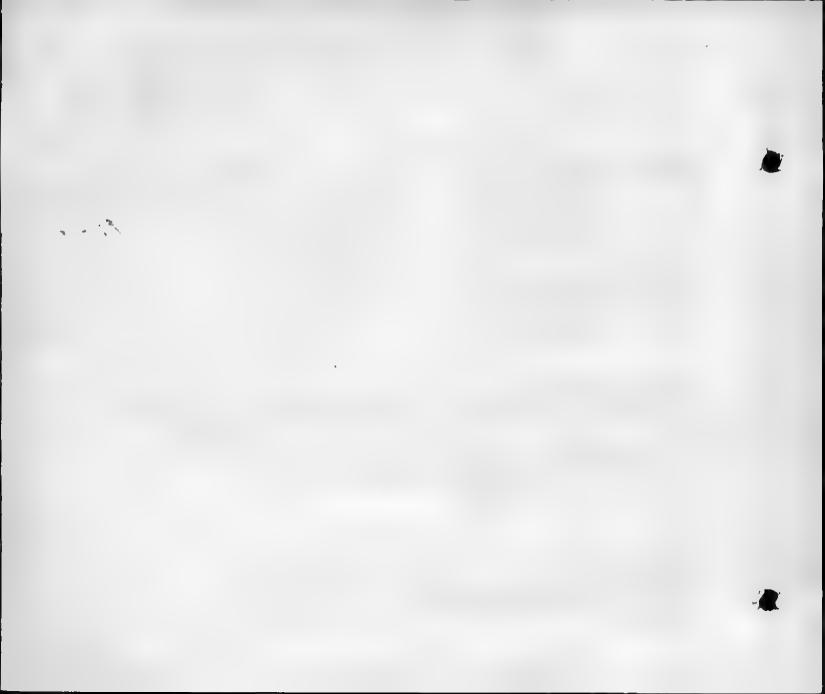




MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8002 CERTIFICATE OF DEATH Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY o. STATE filed **b** COUNTY Frederick MARYLAND Mar vland Frederick Funeral ofter death b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 8 RUPAL and give negrest town Minutes ploods Thurmont rural d NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Office YES NO THE 4. DATE NAME OF Middle Manth Year Day DECEASED MATthews RUSSELL 24 File JACOB DEATH (Type or print) 19 60 July within B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days white DIVORCED -March 11. male WIDOWED | 10g USBAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Laborer on farms Frederick Co Mđ. U.S.A. pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Knott Emma L. Jacob G. Matthews maye 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address 16 SOCIAL SECURITY NO Rd. No Ruth I. Stull Thurmont. Φ, Yas attendin 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN DUE TO Conditions, if ony, which he has been signed burial-transit perm gove rise to immediate **DUE TO** cause (a), stating the underaffending physician. lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) certificate 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm | 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m While Not while at work at work p. m May 1946 that I last saw the deceased Lattended the deceased fram. detached to burial, and that death accurred of M, fram the causes and an the date stated above. alive an pined by the DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED SIGNATUR D PHYSICIAN'S NAME (Type) 22d. LOCATION (City, town, or county) BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stole) REMOVAL (Specify) Thurmont, Brethern Cem. United nrial 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR JUL 6 VS A15 (4) Thurmont. 15M 9/58



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	7981
•	7986 CERTIFICATE OF DEATH Reg. Dist. No.	0201
Poge 4 director,	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before	e odmission)
1 32 11 131	- Rederick MARYLAND Maryland Rede	RICK
de la	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	rest tawn)
should be fund	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION OR INSTITUTION	IS RESIDENCE
and A	Trederick Memorial Pospital	YES NO
within 24 haurs after dely filled by the f	3 NAME OF DECEASED (Type or print) RONALD RAY MILLEU DEATH DODGE 2	3 19 600
within Market	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DAJE OF BIRTH 1. Male 1. Married Never Married Diverced 7/23/60 05 pm 9. AGE (In years lift) Days Morrins Days	Hours Min.
and cam	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZED OF	S. A.
£ 4.5 P	13. FATHER'S NAME	1 51#
certificate g physicia remove or 72 haurs at	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO 17. INFORMANT Address	town, Kt.
6 0 13	(15 yes, give were or dates of service)	
death itendir	IONS	RVAL BETWEEN ET AND DEATH
the all hen lent v	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	
that hat we want to have a second to hav	Conditions, if onys which) the	
guires gned in o	gave rise to immediate cotts (o), stoling the under: DUE TO	
w reconscious	Iying couse last. (c) (c)	, WAS AUTOPSY
phys phys nas br nal-tr naval	TIME	PERFORMED? YES NO
IAN: T ending ficate I the bu	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HYSIC I or oth iis certi use as matian	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While Not while of work of	(State)
NG P spiral ter th I for I, cre	21. I certify that I attended the deceased from 1/25, 1842, to 1/25, 1962, that I just sa	w the deceases
ENDI Re he Re Af ache burio	alive on	
OR ATT ned by 1 NRECTO d be det prior to	ACTUAL SIGNATURE CC SCIENCE M.D. DUTTER LEE	DATE SIGNED
HOSPITAL O oy be reforme FUNIVAL DI age : Lightle e reg(xiror pr	PHYSICIAN'S W.B. Culwell Mt. Airy, maryla	Nd
May be page 2	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)	(Stote)
TO T	Burnal 7-26-1960 nutheran certility Meddletown, 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240/REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	Ma.
VS A15 (4) 15M-9/55	Gladfill Company Middle Trem M. DATE JUL 27 15 Challen & 4	La serie
loss	2269192XVC	

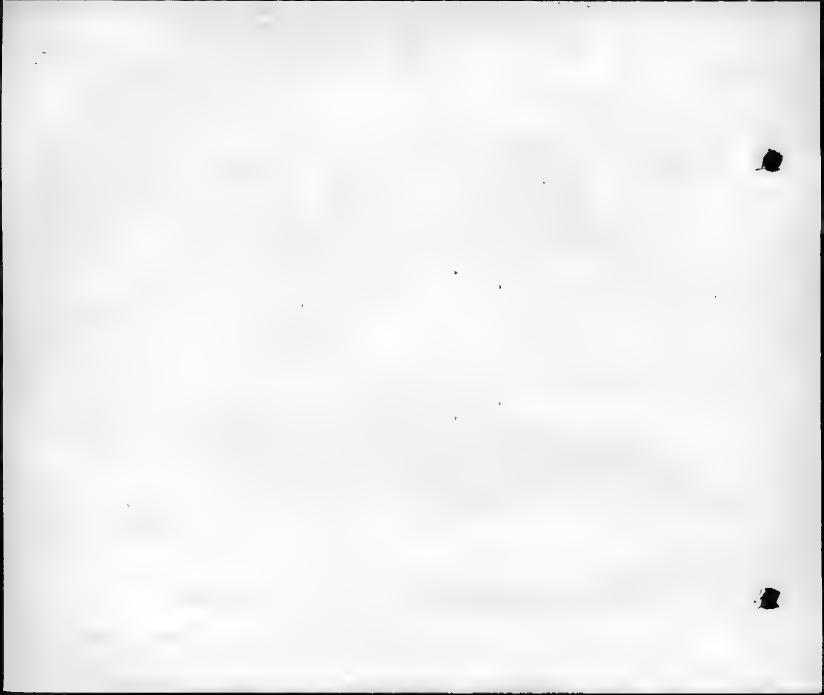


VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07982

1, PLACE 1	OF DEATH				2. USUAL RESIDER	NCE (Where deceas	ed lived if instituti		ore admission)
0. 000	Frederick		MARY	LAND		Maryland	b. COUNTY	Freder	rick
RUR/	OR TOWN (If outside corporation on give nearest town)	rote limits, write	c. LENGTH OF STAY	ıм іь rear	V	WN (If outside corp	orote limits, write l	RURAL and give no	parest fown)
d NAA	AE OF HOSPITAL (If not in ho	spital, give street o	ddress)		d. STREET ADD	the Name and Advanced to the Person of the P			on a farm? YES NOT
3. NAME DECEAS	OF SED	First	Middle		Last	4. DATE	Мо	nth D	oy Yeor
(Type o		Irene	E.	Mi	nnick	OF DEATI	H 7	20	19 60
5 SEX	6 COLOR OF	RACE 7 MARRIE	ED NEVER MARRIE	D 🔲	DATE OF BIRTH	0	9 AGE (In years last birthday)	Months Days	Hours Min
	male white	_			2 4 1024	1897	62 yrs	Months Days	110017
10a USJA during	AL OCCUPATION (Give kind of most of working life, even in housewife.	of work done 10b. K Fretired)	OWN home	R INDUS		E (Stote or foreign	country)		S.
13. FATHE		'			14. MOTHER'S M			, ,	
unl	known		4		Boss	Baker			
15. WAS D	ECEASED EVER IN U.S. ARM		OCIAL SECURITY NO	. 17 1N	FORMANT	Danci	Ado	Iress	
no	unknown) (If yes, give war ar		none	Ch	arles S.	Minnio	k, Midd	letown,	Md.
g ave couse lying	ditions, if ony, which	DUE TO (b) DUE TO (c) THE	parteus	ion	ecleus. NOT RELATED TO TI		SE CONDITION GI		19. WAS AUTOPSY PERFORMED?
FCATION						1 1 2 2 2	. 0. /		YES NO
200 ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)				orf II or Irem IS.)					
	ME OF INJURY Month, D Haur a.m. p.m.	oy, Year 20d IN While of work	JURY OCCURRED Not while of work		CE OF INJURY IHo tory, street, office b	ldg., etc.)	ly or town)	(County) (Stote)
saw	certify that (I) (this ho the deceased alive ar	Charles 2				. 19 60, to at/23 W Tran	yearly 20	2, 19 <u>60</u> , t	hat (I) (we) tast e stated abave.
		ner He	erfo		ATTENDING	MED DIRECTOR [STAFF PHYS		27b. DATE SIGNED
22c P	HYSICIAN'S JAME (Type DR T FE	lmer Har	· /		22d. ADDRESS		wa		
	AL, CREMATION 236 DATE		23c NAME OF CEM			letown.	ATION (City, town,	or county)	(Stote)
	AL DIRECTOR'S SIGNATURE	/22/1960	Refor	med	Cemete	Sa. REC'D BY REGI		ISTRAR'S SIGNATI	
G.	Ladhill Comp	oany,	Middleto	wn,	Md.	ATE JUL 2	6 '60	Thilms & to	med



CERTIFICATE OF DEATH

07983

Days

U.S. A

(County)

REGISTRAR 256 REGISTRAR SIGNATURE

arting & Kraus

250 REC'D BY REGISTRAR

DATEJUL 25 '60

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NOV

> > (Stote)

22b. DATE SIGNED

(Stole)

IS RESIDENCE

ON A FARM? YES NO TO

Year

19 (a f)

1		M
by the funeral director,	ive carbon papers. Pages 1, 1, 2 shauld be filled with	M
, Ac	.6 2	
ely file	Pages	r death.
rsician and campletely file	papers.	within 72 haurs after deatl
pup	pon	72 h
rsician	ive car	ilhin (

within 24 haurs after death

ottending please any the signed peri as the burial-transit physician has been by the haspital or attending certificate DIRECTOR: After this be detached for FUNE 0

CERTIFICATION

24 FUNERAL DIRECTOR'S SIGNATURE

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (Iff outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4. DATE OF DEATH NAME OF Middle Month (Type or print) MOLER Idki 9. AGE (In years lost birthdoy) IF UNDER TYEAR IF UNDER 24 HRS S. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH Months WIDOWED [DIVORCED YTS. 12. CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY [1] during most of working life, even if retired) MACHINIST 13. FATHER'S NAME LAURA 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No Mrs. Helen Moler. Brunswick. Marvl 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year factory, street, office bldg., etc.) Hour o. m. Not while p. m. of work of work 21 I certify that (1) (this haspital) attended the deceased from NOLL 19_60. that (t) (we) last 1960, and that death accurred at 15M, from the causes and on the date stated above saw the deceased alive on Iuli 22a, SIGNATURE ATTENDING MED DIRECTOR MD PHYS 22c PHYS C AN S 22d, ADDRESS 23a BURIAL, CREMAT ON, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county)

Union

ADDRESS

Brunswick, Maryland

TO HOSPITAL VR A15 (4) 1SM 9/59





FOR STATE HEALTH DEPT

figures of the second of the s

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is execut. The certificate, writing the ward "pending" in pencil in New, 18. Give Pages 1, 2, and 3 to the finger a should be formulated to forwarded to the Chief Medical Examiner's Office along with form PM3, Pages 5 may be referred to 10 Medical Examiner's Office along with PM3, Pages 5 may be referred to 10 Medical Examiner's Office along with prior 10 Medical Examiner's Disputation or removal, and in any event within 72 hours offer death

VS. ATSME 544 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8003 Reg. Dist. No. 985 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	o, COUNTY				Vhere deceased lived. If instit		ore odmission)
	Fre	ederick	MARYLAND	o. STATE Mary	land b. COUN'	"Frederi	ick
N	b. CITY OR TOWN (It outside and give neglect town)	e corporate limits, write RURAs	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (II	ouls de corporate limits, weile		
4	Thurmont		IO years	Thurmo	ont		
	d NAME OF HOSPITAL O	R INSTITUTION (If not in hos	sitol, give street address)	d STREET ADDRESS			e S RESIDEN E
	Own Home	9		130 West	Main Street		YES D NO SE
ſ	3 NAME OF DECEASED	First	M ddle	Lost	4. DATE Mon		Yeor
	(Type or print)	George	Franklin 1	Moringstar	DEATH July	31	19 60
Ì	5. SEX 6 (COLOR OR RACE 7 MARRIE	D NEVER MARRIED [8		9 AGE (In years		IF UNDER 24 HRS
١	Male V	White widowed	DIVORCED .	April I8,I9	12 48 yo	Months Days	Hours Min.
ľ	100. USUAL OCCUPATION (G	ive hind of work done 10b K	IND OF BUSINESS OR INDUST			12 CITIZEN OF	WHAT COUNTRY
	during most of working life Laborer	c, even if refired)	struction C	Frederic	ek County	U.S.A	٨
ł	13. FATHER'S NAME			14. MOTHER'S MAIDEN P		1 0.0.2	3.0
	George J.	Moringstar		Jennie	E. Starner		
	15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	-	_
	Yes Arn	ny 2"th W.W. 2	18-10-7404	Amy Marina	star, Thurmo	nt Md	
}		Enter only one couse per line t			SO DELL STITULE	TINGER	VA, BETWEEN
4	BART I. DEATH W.	AS CAUSED BY:	onary Throm	onsis		2	hr .
	4-20	EDIATE CAUSE (o) OOL	Olkal J Lile Old	30040		6	
	Conditions, if any,	Can					
	gove rise to immediate	Couse					
	(e), stating the under	Tyling					
		(c)	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NA, DISEASE CONDITION GI	VEN IN PART 1/01/19	WAS AUTOPSY
	PART II. OTHER SI 200. EXTERNAL CAUSE VI PRIMARY D or CONTRIB CAUSE OF DEATH.	_				' '	PERFORMED?
	200. EXTERNAL CAUSE W	VAS 206 DESCRIBE	HOW INJURY OCCURRED, (E	tier nature of inverse in Per-	Linc Port II of item 18)		ES (M NO []
	E 200, EXTERNAL CAUSE WE PRIMARY ☐ or CONTRIB	UTING 🗆			the Land of Maria 10th		
1		Month, Doy, Year 20d II	NJURY OCCURRED 200 PLAC	E OF INJURY (Home, form	. (20f. (City or Jown)	(County)	(Stote)
1	20c. TIME OF INJURY Hour e, m, p, m.	White	Not while locte	ry, street, office bldg., etc.		(220.17)	(5.5.5)
			emoins described obo	in hald an Autoni	. [79]		
						No.	and in my
	apinian deorn resu	lited from: Notural c	auses 沈 Accident [_], Suicide [_], I	domicide, Undete	ermined manner	
	ACTUAL P	1720	are-	CHIEF HERICH PA			DATE SIGNED
	SIGNATURE /	Show		_M.D. CHIEF MEDICAL EX			
ı	EXAMINER'S	B.O. Thomas,	M D	ASSISTANT MEDIC			
	37777			DEPUTY MEDICAL I	- AUSU	st I,196	
	TO BUR AL, CREMATION REMOVAL (Specify) BUT 181	0 1-	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,		(Stote)
	DUTE THE DIRECTOR'S SIG	8-3-60	United Bret		Thurmont,		
1	To a marker	16 One	A-17 Thurn			ISTHAR'S SIGNATURE	Ē
	140		7	DATRU	0 00 00	21, 177	



CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admiss on) a. COUNTY g. STATE filed **b.** COUNTY Frederick MARYLAND Frederick Marvland erol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give pearest town) ě RURAL and give nearest tawn) Idfatime 5 Frederick Frederick d. NAME OF HOSPITAL (If not in haspita), give street address d STREET ADDRESS 4 IS RESIDENCE ON A FARM? OR INSTITUTION YES NO T Home for The Aged Record Street NAME OF First M ddle Lost 4. DATE Month Year Day Railing Sophia Eckstein July 23. (Type or print) Mande DEATH 1960 19 ages 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF SIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS le y By irthday) Months Days Hours Min Oct. 6. 1876 White WIDOWED A DIVORCED | Female. pel 吉 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? SOURS during most of working life, even if retired) Frederick, Maryland U.S.A. None puo Nona 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 00 .⊆ Mary Katherin Hopkins With W Christian Henry Eckstein physic dve WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANT Address event Home for the Aged Frederick, Md. Home Records No attending None please guò INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a). ONJET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) † **DUE TO** á Conditions, if any, which permit gned gave rise to immediate **DUE TO** cause (a), stating the underattending physician. been si lying cause last. burial-tronsit FICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IID 19 WAS AUTOPSY cremation, PERFORMED? YES NO T 206 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ₹ O 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn) (County) (State) factory, street, affice bldg., etc.) WEDL e. m. While Not while at work at wark à 21 I certify that (I) (this haspital) attended the deceased fram 🚨 1937, that (i) (we) last detached Health and that death accurred at saw the deceased alive an A.M. fram the Causes and an the date stated above. DIRECTOR 22b DATE SIGNED ATTENDING PHYS ö DIRECTOR [PHYS. M.D. 22c. PHYSICIAN'S 22d ADDRESS 2 NAME (Type) 228 N. Market Street Frederick. Md. Charles H. Conley. FUNE 230 SURIAL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, lawn, or county) (State) poge the Sto REMOVAL (Specify) Frederick, Maryland Mt. Olivet Cemetery Buria] O 24 FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR 25b. REGISTRAR S 5-GNATURE Frederick. Cirthury & Throne VR A15 (4) DATE 15M 9/59

after death.

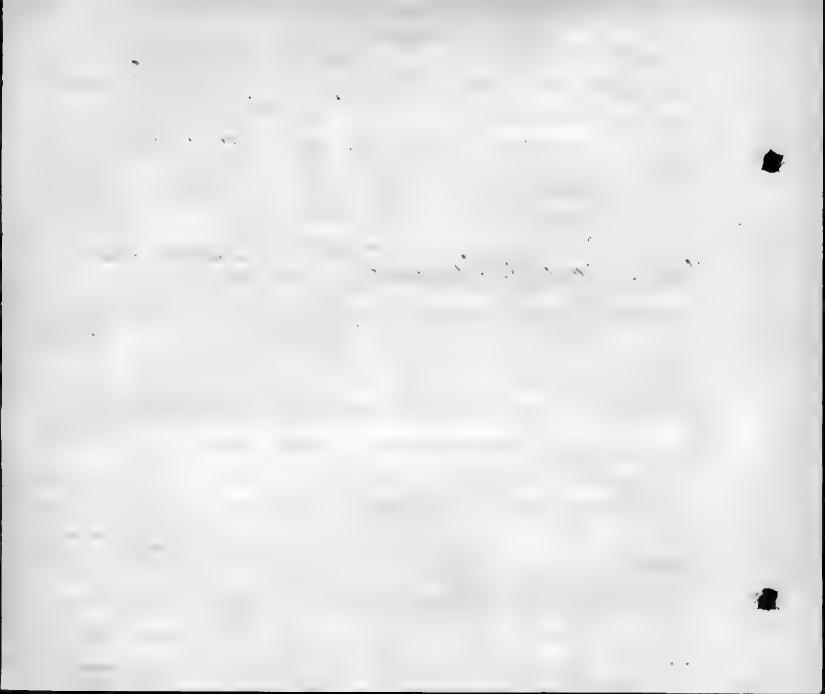
ő

HOSPITAL

O

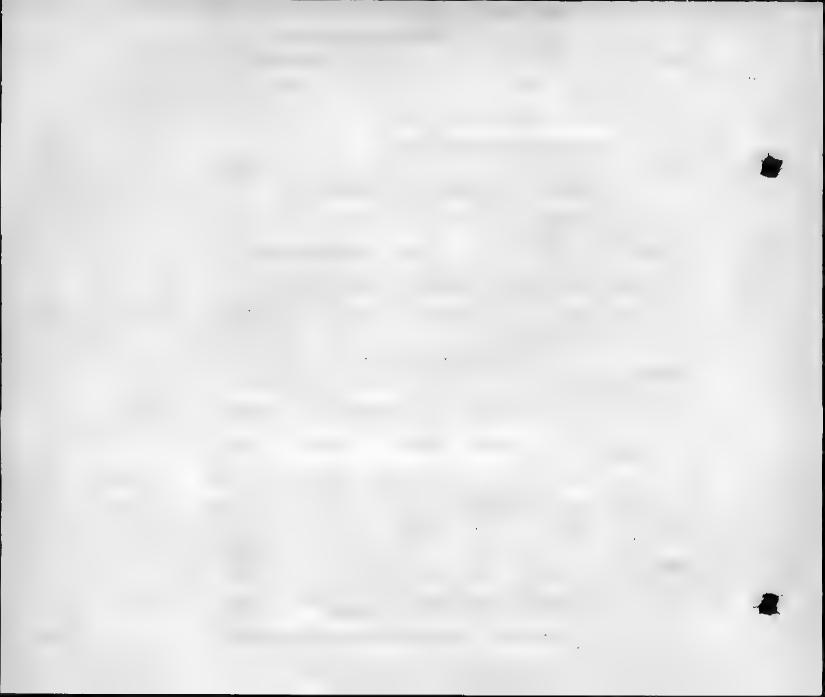


1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
• ক ১∈ _	7990 CERTIFICATE OF DEATH Reg. Dist. 17.987
Page directe	1. PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE M. COUNTY B. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION The derick Memorial 57 John HANDON AFTS VES NOW
24 hou	3. NAME OF DECEASED (Type or print) Charles Edward Rivers Death July 1 1960
d within sletely fi	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED DIVORCED FOR BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.) Months Doys Hours Min. 3.0
d comp	10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (Sife or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ficate be ex ysician and ave carbon urs after de	13. FATHER'S NAME (MOCHOS Edword Wellingers His Vinching Rivers
certificate g physicia remave a 72 haurs a	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEGURITY NO. 17. INFORMANT Address [Yes, no. or unknown] [If yes, give wor or dates of service] Address Address
attendir o please within	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) The control of t
that the by the it. Ther y event	DUE TO
signed it permind in on	gave rise to immediate code (a), stoting the under lying couse last.
physicio bs been of-trans aval, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
LAN: Treending ficate his buri	200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al or off his certification, amotion,	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour c. m. p. m. 19 20c. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.)
After the spirit the formula control, c	21. I certify that I attended the deceased fram I July, 1940, ta 19, 1941, that I last saw the deceased alive an 1 July 1960, and that death accurred at 11 A M, from the causes and on the date stated above.
A ATTER 5 by the ECTOR: or to bu	ACTUAL SIGNATURE ACTUAL M.D. A
retained b	PHYSICIAN'S RL Durst Frederick Md
HOSPITAL may be retail FUNERAL Page 1	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial July 3.60 Fairview Frederick, Md
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55	C.E. Hicks 111 24 West All Saints St OAHH 12'60 College & though



CERTIFICATE OF DEATH Rea. Dist. Na director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) filed o. COUNTY b. COUNTY MARYLAND death. b. CITY OR TOWN (If outside corporate limits, write funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) å RURAL and give nearest town) should EEKS d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? within 24 hours FAERI YES NO D NAME OF Middle last 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 1960 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATÉ OF BIRTH 9. AGE (In year) IF UNDER I YEAR IF UNDER 24 HRS Months Days WIDOWED IT DIVORCED | 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Sible or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. SE carbon 13. FATHER'S NAME ofter physicion **emove** S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 JINFORMANT Address attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL SETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WKS ò permit. Canditions, if any, which gave rise to immediate **DUE TO** cotise (a), stating the underpuo lying couse lost PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES T NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Month. Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Nat while 19 at work of work p. m. 21. I certify that I attended the deceased from \$\infty\$., to. ...that I last saw the deceased , and that death occurred at 7500 A.M., from the causes and on the date stated above. alive on DATE SIGNED **ACTUAL** SIGNATURE Pe P PHYSICIAN'S 0 12 1 NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOI 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or county) (Stote) TO FUN page DREMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

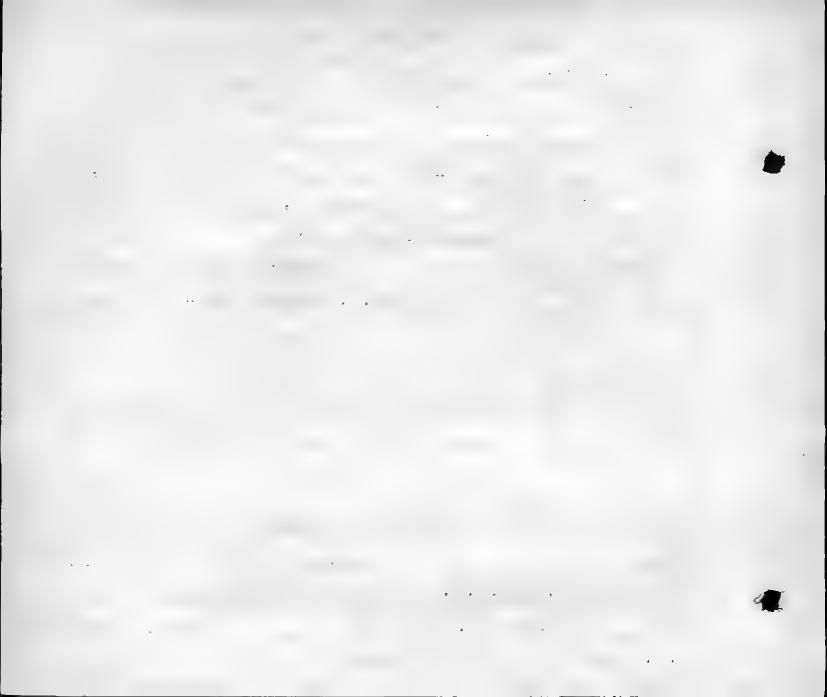


executed within 24 hours after death. Fage

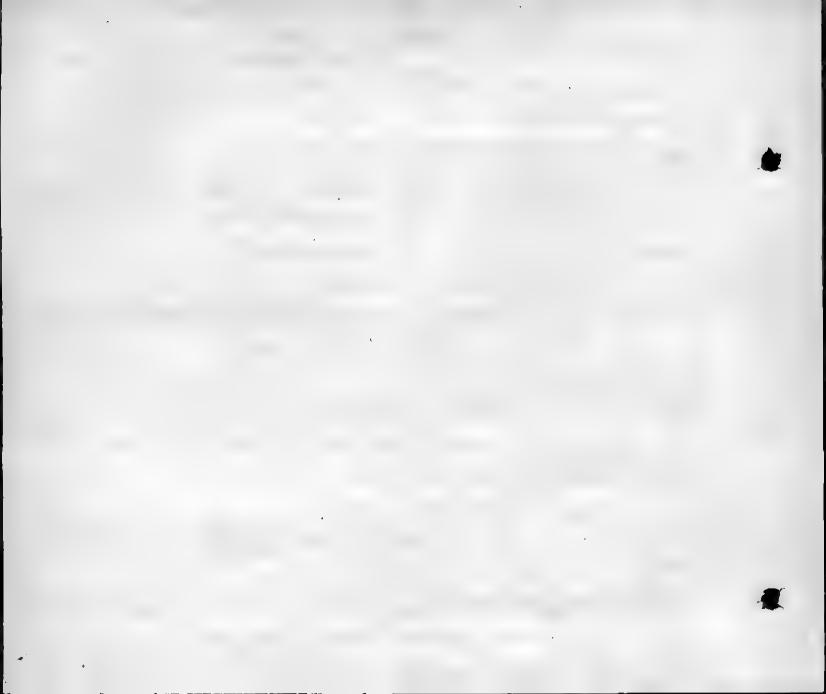
HOSPITAL

Q

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	7993 CERTIFICATE OF DEATH	0795(i
A direction	1. PLACE OF DEATH a. COUNTY PLEDERICK MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Reconstruction of the county of th	idence before admission)
The second of th	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL)	and give nearest town)
the of the office of the offic	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CALOCKIOKIOLINE IN THE STREET ADDRESS (1) # 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ON A FARM? YES NO
fille ges	2. NAME OF DECEASED (Type or print) Edward TYRONE SOENCER DEATH JULY	19 1960
pletely ers. Pog	MALE C WIDOWED DIVORCED 19 July 60 lost birthdoy) Mon	6
and com and com bon popo	during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY
sicion ve corl	13. FATHER'S NAME JACK SpenceR 14. MOTHER'S MAIDEN NAME JEAN KIN	9
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or datas of service) (If yes, give wor or datas of service)	1
e offending en please r	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Tanwatienty	INTERVAL BETWEEN ONSET AND DEATH
s mar r d by the mit. TII	Canditions, if any, which page rise to immediate (b)	
require ion. Insit per and in	catse (a), stating the <u>under-lying cause last.</u> lying cause last. (c) - > -	
physic physic has bee rriof-fro maval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If Either Notify MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18)	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO X
itending itificate s the bu		
this cer this cer ar use a	20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED While Not while at work of work of work 19 20d. INJURY OCCURRED While Not while at work 19 20d. INJURY Home, farm, factory, street, office bldg., etc.)	(County) (State)
he hospi R: After ached fa		t I last saw the deceased in the date stated above
ed by 11	ACTUAL SIGNATURE REGIONAL M.D. ADDRESS (Street, city or town, store)	DATE SIGNED
e retoine	PHYSICIAN'S P. 2 GUEST MD Frederick M	d.
moy be not	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or court REMOVAL (Specify) 7-22 1960 FATIRU 100 Employ Carrel E	171-1
VS A1S (4) 15M 9/55	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR Culture DATE JUL 21 '60 Culture	s signature S. Firand
V - 2007 PM	0 0 / 1 / 2 / / X = / /	



07991

	O. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATEM and and b. COUNTY Alleagny				
	b. CITY OR TOWN (If outside cosporate limits, write RURAL and give nearest town) CullEN	c CITY OR TOWN (Poutside corporate limits, write RURAL and give hearest town)				
y	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Victor Cullen State Hospital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO ID				
	3 NAME OF DECEASED (Type or print) Goldie Marce	Stollar 4. DATE Month 7 15 .960				
	5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors less birthday) 8. Wonths Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	Pennsylvama 12. CITIZEN OF WHAT COUNTRY?				
1	W. E. Nelson Stollar	Mary Lewis				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. No. 1	econd of Victor Cullen State Hospita				
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.	Tuberculous - 002 INTERVAL BETWEEN ONSE AND DEATH SYEWES				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFORM					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED For Hour o. m. 19 While at work of wark	ACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) tory, street, office bldg., etc.)				
	21. I certify that (1) (this haspital) attended the deceased fram 5/2, 1960, ta 7/15, 1960, that (1) (we) last saw the deceased alive an 7/14					
	222 SIGNATURE Wildrael G. Javes M.D ATTENDING MED DIRECTOR STAFF 17 15 160					
	22c PHYSICIAN'S NAME (Type) Michael G. ZAViS	Cullen, Mazyland.				
	Burial 7-18-60 Z3c. NAME OF CEMETERY O West Finley					
	21 FUNERAL DIRECTOR'S SIGNATURE SUIEN ROJER HAPERSTONE MADRESS mad & Leigler	250. REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CLICKY & Known				

Hyndman, Penna.

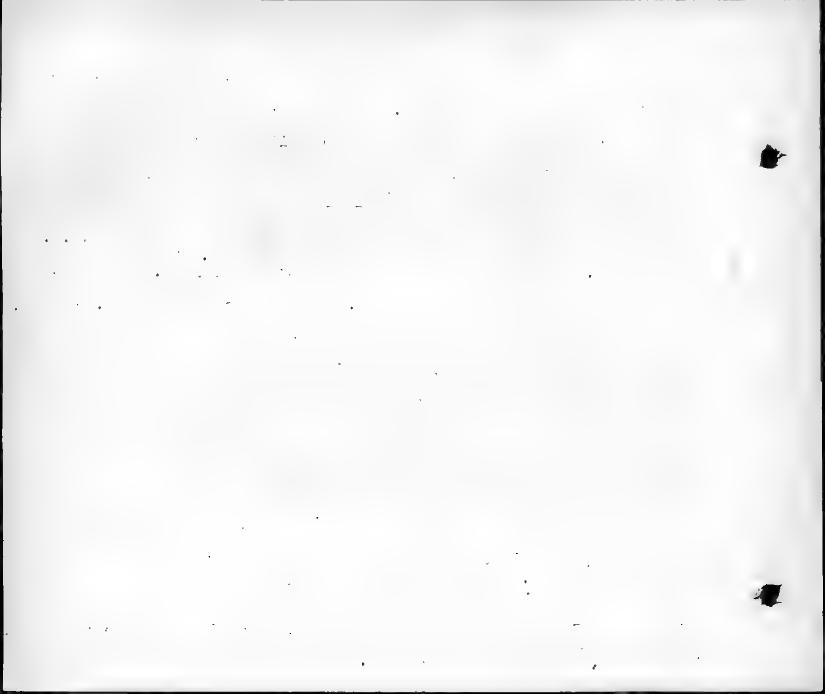
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNS DIMETED. After this certificate has been signed by the attending physician and campletely fills page 30 m/s d be detached far use as the burial transit permit. Then please remake carban papers. Pages the State Board of Health prior to burial, cremation, or remakal, and in any eyer, within 72 haurs after death VR A15 (4) 15M 9/59

y the funeral director, id 2 should be filed with



1	MARYLAND STATE DEPARTME	NT OF HEALTH—BALTIMORE, 18	0000
4 .:=	8004 CERTIFICA	TE OF DEATH Reg. D	07992 ist. No.
Page 4	1 PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution, Reside o. STATE Maryland b. COUNTY I	rederick
death unero	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont YRS.	C CITY OR TOWN (If outside corporate limits, write RURAL and Thurmont	give nearest town)
haurs after by the fu and 2 shaul	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OWN Home	Woodside Avenue	o is residence on a farm? yes \begin{align*} NO \begin{align*} \text{Z}
hin 24 ha		ylvester 4. DATE Month July 19	Day Year 19 60
pletely presents. Pog	Female White WIDOWED DIVORCED	3-20-1872 last birthday) Months	
and com and com bon pape	10a. USUAL OCCUPATION (Give kind of work done of the little of the littl	Mar ylan d	U.S.A.
physician a may after the cours after the course after the cour	William G. Sylvester	Janet (Xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	controvery)
ease remains phy	(16 no, or unknown) (If yes, gave wor or dates of service) None Mr.	PS. Laura Sadler 4 Upland	
at the deat the attendence Then plea event within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO DUE TO	Lang edema	INTERVAL BETWEEN
requires th ion. In signed by nsit permit. ond in ony	Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. Conditions, if any, which are the course (b) Conditions to the course the course (c) Port faralytic	gueral enfechlement	7 moz.
in The Taw ing physicise has been courial-tran	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 11
CLAN: 1 trending rificate s the bu n, ar re	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part I or Port II of Item 18.)	
hol ar a this cer ar use a rematio	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. 19 White of work of work	ory, street, office bldg., etc.)	(County) (Slote)
ENDING he haspi R: After ached fo burial, c	21. I certify that I attended the deceased from July 7 alive an July 20 - , 1960 , and that death	accurred at 7 DeM, Rom the causes and an th	e date stated above
OR ATT	SIGNATURE James Fray	ADDRESS (Street, city or town) stote) 1.D. Thurmout - Md	DATE SIGNED
Spiral	220 BURIA, CREMATION, 22b, DATE THEREOF 22, NAME OF CEMETERY OF	nt, Maryland CREMATORY 22d. LOCATION (City, town, or county)	(State)
may b ro Fun page the reg	Buryan (Specify) 7-21-60 Greenmount		ryland
VS A15 (4) 15M 9/5B	Rymond E. Creeper Thurmont, Md	101 22 260	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7995 CERTIFICATE OF DEATH with director. Page / PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) . Trederick a. STATE B MARYLAND Marvland requires that the death certificate be executed within 24 hours after death the funeral b CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) ß RURAL and give nearest town) Life shavid Frederick d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS NO 155 W.All Hraderick Memoria NAME OF 4. DATE First Middle DECEASED Elizabeth Larkins Bertha campletely filler (Type or print) Pages 8 DATE OF BIRTH 5. SEX 6 COLOR OR RACE 7 MARRIED ☐ NEVER MARRIED ☐ ile mno Sept 13, WIDOWED | DIVORCED papers. HALLO JA 10o. USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OF TROUST ofter death during most of working life, even if retired) Anvets Club gud carbon 13. FATHER'S NAME physician remave THILIam_ Larkins IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO (Yes, no or unknown) T. 1 attending please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ģ permit. Condifians, if any, which DIRECTOR: After this certificate has been signed gave rise to immediate **DUE TO** couse (a), stating the underlying couse last detached far use as the burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N ô removal, by the haspital ar attending 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. CERT crematian, ar (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLAC 20c. TIME OF INJURY Doy. 20d. INJURY OCCURRED facta Hour o. m. Not while at work at work p. m 21. I certify that I attended the deceased from. burial, alive an and that death a ACTUAL SIGNATURE 0 ned 210 PHYSICIAN'S NAME (Type) TO HOSPITAL TO FUNE 220. BURIAL CREMATION. 22b. DATE THEREOF

REMOVAN (Specify)

VS A15 (4)

15M 9/

23. FUNERAL DIRECTOR'S SIGNATURE

C.E. Hicks, 111

7-9-60

22c. NAME OF CEMETERY OR

ADDRESS Lest All

Rairview

07994

Rea. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Days

IS RESIDENCE ON A FARM?

YES NO TH

Year

b countrederick

Months

Month

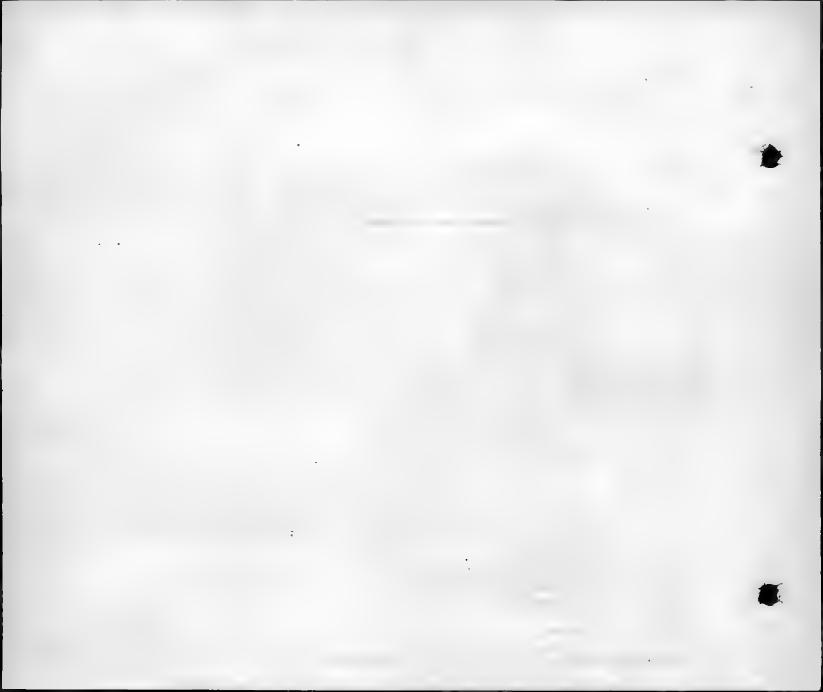
Jan 1

Saints St

9. AGE (In years lost birthday)

OF DEATH

Y 11 BIRTHPLACE (State	or fareign country)	12.C	ITIZEN OF WHAT COUNT	TRY?
Maryla	.nd	1	J.S.A	
14. MOTHER'S MAIDEN N	IAME			
Dora Ca	therine W	ilkers	Bon	
ORMANT		Address		
Dore C. Wi	lkerson	1:5 V	wall Sein	to S
treat. 7	a, luce		INTERVAL BETWEE	zz S.
tegyerten	Salva		3-4 you	
OT RELATED TO THE TERMI	nal disease conditio	N GIVEN IN P	ART 1(0) 19. WAS AUTO PERFORMED YES NO	17
(Enter nature of injury in I	Part I or Port II of item 1	8.)		
E OF INJURY (Home, farm ry, street, affice bldg, etc			(County) (S	hate)
, 1960, to	M, from the cause ADDRESS (Street, city or	es and an I	last saw the decea	ove.
o. <u>Sle</u>	opping	Centr	_ / /	60-
	frederick	الاه	<u>(, </u>	
CREMATORY	22d. LOCATION (City,			
	Frederia	Mo.	ryland	
s st DATE		REGISTRAR'S	SIGNATURE 1911 S. KLIMA	
	,			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8018 / CERTIFICATE OF DEATH

(17995 Reg. Dist. No.

		-										
1. PLACE OF DEATH a. COUNTY	Frederick		MA	ARYLAND	B. STATE	ence (Windary)		lived. If institution b. COUNTY		e before		on)
Frederic Frederic	ck-Rural-R.I	.#5	e. LENGTH OF ST.	AY IN 16	3	own (II o		ste čimits, write RI	URAL and g	ive negres	it tawn)	
d. NAME OF HOSE OR INSTITUTION Vindabona	Convalescen	t and	d Mest Ro	me	d STREET A		lia Ave	enue			ON A	
3. NAME OF DECEASED (Type or print)	Fir MAR		Mid	dle	CHNSEND		4. DATE OF DEATH	Jul		25,		9 60
5. SEX. Male	6. COLOR OR RACE	7. MARR		RRIED [April 5			AGE (In years last birthday) yrs.	Months		UNDE	R 24 HRS. Min.
100 USUAL OCCUPAT during most of we Trail	ION (Give kind of work orking life, even if retired LEWYOR	done 10b.	KIND OF BUSINES		TRY 11 BIRTHPL			intry)	12. CITI	ZEN OF		COUNTRY
13. FATHER'S NAME	*				14. MOTHER'S	MAIDEN N	IAME					
1	lark Townser	id.				Je	enny Se	emers				
15. WAS DECEASED EN	VER IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY 1-32-652		FORMANT Natal:	ie T.	Kline	303 Mag Frede	fiblia rick,	Aver	ue, lan	d
Canditions, if gove rise to couse (a), statin lying couse las	g the under DUE TO		CONTRIBUTING TO	DEATH BUT	VII		tate.	CONDITION GIV	EN IN PART		WAS A PERFOR	
TO (IF EITHER, NOTICE TO THE OF INJUSTICE TO T	10		CRIBE HOW INJURY	20e. PL/	CE OF INJURY II	lome, form,	20f. (City ((C			(State)
21. I certify alive on	that I attended the	decease 12.0	ed from 6		A.D. Prof	7:45P	•M, fram	et, city or town,	nd an th	e date	state	d above. TE SIGNED
220. BURIAL, CREMAN REMOVAL SPECI Burial		_	27c. NAME OF C		crematory Cemete	ry		ON (City, town, o	or county)	Mary	(State)	
23. FUNERAL DIRECTO			ADDRESS	Marvla	nd	24a. REC'E	BY REGISTR		STRAR'S SIG			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUR FOLD DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page to bound be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registror prior to burial, cremotian, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55



		795	16	C	EKIIFI	AIE OF L	EAIF	1		Reg. Di	st. No.		001)
1. PLACE o CO	of DEATH UNITY Fred	erick			MARYLANI		ence (wh lary).a		l lived. If institut b. COUNTY	ioni Resider Fred	eric	re admiss	iion]
RUI	Y OR TOWN (IF IAL and give ned 'ederick	outside corporate limit irest town)	s, write		OF STAY IN 11 1-1918		own (if o	_ *	rote limits, write l	URAL ond	give nea	irest towr	1)
d. NA 515	ME OF HOSPITA INSTITUTION Magnol	l (If not in hospito), g ia Avenue	ive street o	oddress]		d STREET A 832-J		th Mar	ket Stre	et			SIDENCE FARM? NO.
J. NAME DECEA (Type	OF ASED or print)	LENA	st	HORMAN	Middle S.	TRITAPOE	1	4. DATE OF DEATH	Moi	July	24,	*	Year 19 60
5. SEX Fem	ale	6. COLOR OR RACE White	7. MARRI WIDOWE		R MARRIED [5 Feb	_		9. AGE (In years law sirthdoy) yrs	Months	Doys Doys	1F UNDI Hours	ER 24 HRS Min
Reti	AL OCCUPATION most of works	N (Give kind of work on ng life, even if retired) NSUPOSS	lone 10b C]	KIND OF BUS othing	Facto	ry Nr. 1	ACE (Stote Jrbana	or foreign co	ontry]		TIZEN O	F WHAT	COUNTRY
	er's name .liam H.	Horman				14. MOTHER'S	MAIDEN N						
IS. WAS	DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECU .9 –1 2–0		informant rs. Mary I	Evely	a Fout	(Same		em#	(1)	
go: cou lyin	nditions, if order or rise to impere	mediate DUE TO		AL OM	is f	ylites					y	las	
≅ OR (ACCIDENT WAS	UNDERLYING CAUSE OF DEATH AEDICAL EXAMINER				RRED (Enler noture o				VEN IN PAF	17 1(0) 15	PEREC	AUTOPSY PRMED? IL NO
WEDICAL	TIME OF INJURY Hour p. m. p. m.	Month, Day, Yea	While at work	NJURY OCCUS Not while of work	le l	PLACE OF INJURY (foctory, street, office	Home, form bldg., etc.	, 20f (City	ar town)	([County]		(Stole)
aliv	e on	it I attended the 1/22			11	oth occurred at	7 A		the causes (and on t	the dat	te stote	deceased ed above ATE SIGNED 1960
NAN	- (1) bey	mes B. Tho					erick,	, Md.	*****				
Bur Bur	AL, CREMATION	7-27-60	F			or crematory t Cemeter:	Y		rick, Ma			(Stot	*)
23. FUNE	RAL DIRECTOR'S R. Etch	signature ison & Son	Fre	ADDRES		land	24a. REC'I	D BY REGISTI	RAR 24b. REG	STRAR'S SI	GNATUR	tE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspitol or ottending physician.

TO FUNDED DIRECTOR: After this certificate has been signed by the attending physician and completely filly page through be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

a by the funeral directar, and 2 should be filed with



FOR STATES HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute, the certificate, writing the word "pending" in pending them, 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 shows a forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be reflected for your files.

TO FUNE, I DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the page 3 should be used as the most of the pages 1 and 2 with the pages of the permit of the files.

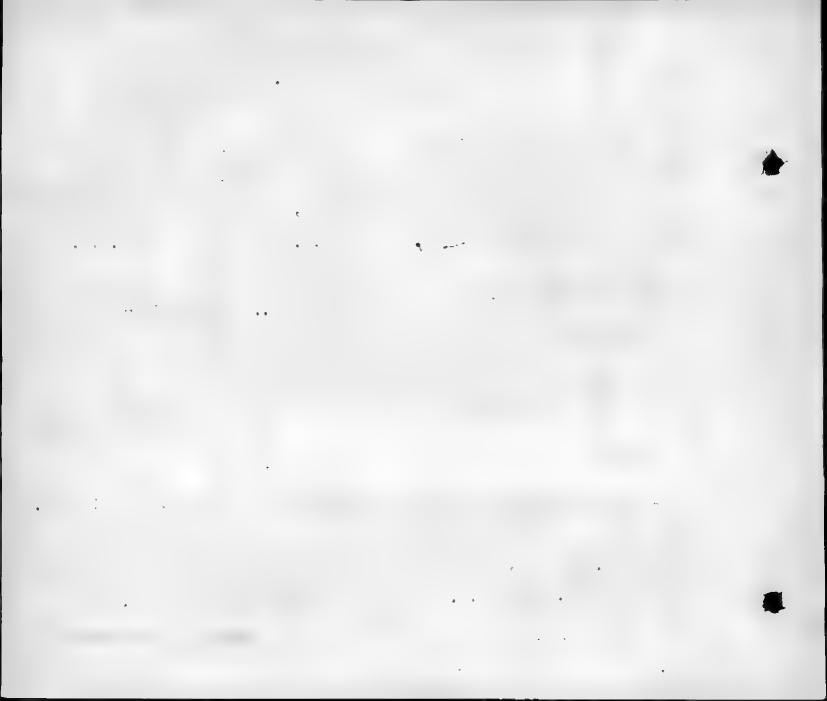
V5. A15ME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17 9 9 7 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07397

L		7 0 1						Reg. Dist	l. No.
	PLACE OF DEATH	rederick			3	ICE (Where deco	eased lived If insti	ify	ce before admission)
-				MARYLAND	1			Unar.	leston _ "
l '	Frederic	autido co parato fimilis write RU	RAL	t. LENGTH OF STAY IN 16	11	•	arparate ilmits, wri	ie RURAL and g	give nearest fown)
					Charls			y 1	
		AL OR INSTITUTION (If he			d. STREET ADDI				ON A FARM?
	Frederic	k Memorial	Hos	pital	9 Roge	ers All	Ley		YES NO TE
	NAME OF DECEASED	First		Middle	Lost	4. DATE	Mor	oth	Day Year
	(Type or print)	Josephi	ne		Vidala	OF DEAT	H July	16	12 60
5, 5	EX	6. COLOR OR RACE 7	MARRIED	MINEVER MARRIED []	DATE OF BIRTH		9 AGE (In years	IF UNDER 11	YEAR IF UNDER 24 HAS
	Female	C	IDOWED [DIVORCED []	July IO.	1920	40 yrs		ays Hours Min.
10a	. USUAL OCCUPATION	ON (Give kind of work dan	105 KIN	D OF BUSINESS OR INDUST					EN OF WHAT COUNTRY?
	luring most of workin	g life, even if retired)	E -	to Dunkanad	S. Ca	rolina	**		S.A.
	Show Busing	1622	<u> 56</u> .	If Employed	14 MOTHER'S MAI				2.2
10%									
1		Ragland	l			ster			
19.	, no, or unknown)	EX IN U. 5. ARMED FURCE If yes, give war or doles of rene		/	NFORMANT		Addre		South Carolin
Ľ.	No		14/	1/1/2/Y// Br	adley Vida	la 9	Rogers A	lley- (Charleston
		TH [Enter only one cause				. (-)	*		INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Stab wound:	s of hear	t (3)			
	2,71 -7 2	DUE TO	Sta	b wound up	per left	Tung a	and Stab		hour
	Canditians, if a	ny, 'which') (b)	W	ound lower	right lu	ın ğ d			
	gave rise to immed	sigle couse (
	(a), stating the cause last.	inderlying DOL 10							
z			ONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMINAL DISE	ASE CONDITION G	IVEN IN PART I	INTER WAS ALITOPSY
CERTIFICATION									PERFORMED?
E	200. EXTERNAL CAL PRIMARY ET OF COI CAUSE OF DEATH.	JSE WAS 206. I		IOW INJURY OCCURRED (I					
Ü	CAUSE OF DEATH.	0	ne o	f a carvina	al gang s	stabed	her		
CAI	20c. TIME OF INJU	RY Month, Day, Year	20d. INJ	URY OCCURRED 20e. PLA	CE OF INJURY (Home	, form, 20f. (C	ity or town)	(Count	ly) (State)
MEDI	IO ISK	July 16, 6	While of work	Not while Bri	lary, street, office bldg INSWICK, N	d Br	unswick	Frede	erick.Md.
_	21 Learlify th			mains described abo					
	opinion death	resulted from two	jurai ca	uses , Accident	, Suicide [_	J, nomicio	de 🄼 , Undel	ermined mo	onner [_]
	ACTUAL	B.O. Thoman	-	ric	erinee aremia		-		DATE SIGNED
	SIGNATURE				M.D	AL EXAMINER	_		
	EXAMINER'S NAME (Type)	B.O .Thom	as,M	.D.		AEDICAL EXAMII ICAL EXAMINER	<u> </u>	y 17,1	960
220	BURIAL CREMATIC	IN, 22b. DATE THEREOF	Īz	Re. NAME OF CEMETERY OR	CREMATORY	22d LOC	CATION (City, lown		(State)
l	REMOVAL (Specify)			Fairview		44		86 2008	The second second
	FUNERAL DIRECTOR	7-24-60		ADDRESS	740	REC D BY REG	ederick;	SISTRAR S SIGN	***
6	.E.Hicks		ania	k. Ma ryla		MUL 25		ithur S. H	
1	6 YO 6 TTT CT/V	T-1-1 T-1 00		Tra THE P A TOT	DA DA	IN ST	- 1 ~~	-1	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8() (1) CERTIFICATE OF DEATH

07998

Rocky Ridge, Maryland

245 REGISTRAR'S SIGNATURE

anthur & Kines

24g, REC'D BY REGISTRAR

DATE 11 160

CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed. If institution. Residence before admission) o. COUNTY **6 COUNTY** Mar vland Frederick MARYLAND Frederi*a*k b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPAL and give negrest town) 10 vrs. Thurmont rur al d NAME Of HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Thurmont Own Home RD YES NO NO NAME OF Middle 4. DATE Month DECEASED Russell Wastler Harbaugh July 7. 1960. (Type or print) 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH TEUNDER ? YEAR IF UNDER 24 HRS 9 AGE (In years last birthday) Months white WIDOWED | Sept. 28. male DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)
Tar mer Rented farms Maryland 12 CITIZEN OF WHAT COUNTRY? U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wastler Jonas Dianna Harbaugh 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Mrs. Rosie Wastler Thurmont, Md. Νo 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

| MMEDIATE CAUSE (6) of so asse arriver deter to a desire at really alone it Conditions, if ony, which gave rise to immediate DUE TO couse (o), stating the underlying couse last. CERTIFICATION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? 12-21-6:62 YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 38.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) While Not while of work 1951, to 2 61 7 , 196 Githat I last saw the deceased 21. I certify that I attended the deceased from 1200-1 1967, and that death accurred at 6:30 14 From the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220 BUR AL, CREMATION. 22b DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, lown or county) REMOVAL (Specify)

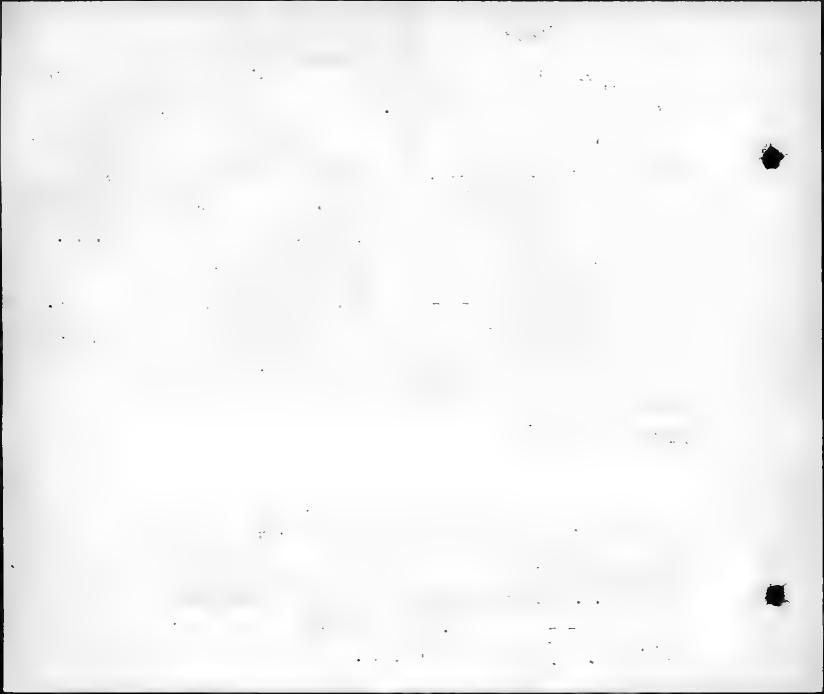
Mt. Tabor Cemetery

ADDRESS

hurmont. Md.

Q E Q VS A15 (4) 15M 9/58 Burial

NERAL DIRECTOR'S SIGNA



requires that the

O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



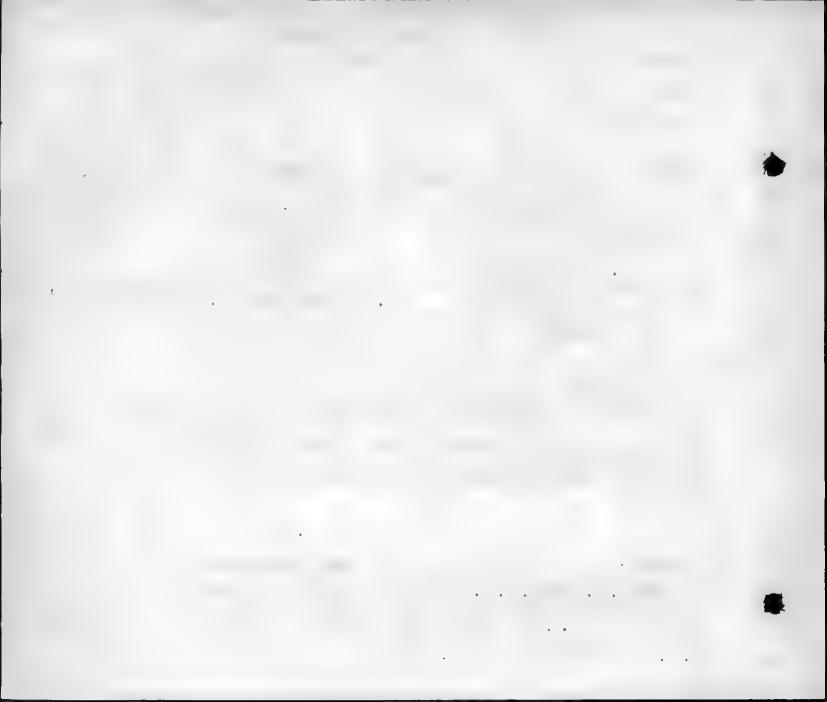
VS A1S (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH	-BALTIMORE,	18
0.004						

7999 CERTIFICATE OF DEATH

8 (18011) Reg. Dist. No.

	1, PLACE OF DEA c. COUNTY	rederick		MARYLAN	II a STATE		e deceosed live yland	d. If institution b. COUNTY		ederi	
	b. CITY OR TO RURAL god	WN (If outside corporate li live recorest town) CCCTICK	mils, write	c. LENGTH OF STAY IN 11	c. CITY OR	TOWN (If out	ide corporate l	imits, write RI	URAL ond	give neares	i town)
	d. NAME OF H OR INSTITU	OSPITAL (If not in hospital West Second			d STREET		Second	Street	t	- 1	IS RESIDENCE ON A FARM? ES NO A
All S	3. NAME OF DECEASED (Type or print)		First ARY	Middle ALLEIN		LAMSON	DATE OF DEATH	Mon Ji	h ily	Day 29	Year 1960
	5. SEX Fema		F 7. MARRII	ED NEVER MARRIED.	Septemb			GE (In years st bjuhday) 15 yrs	Months		UNDER 24 HRS
	during most e	PATION (Give kind of work f working life, even if retire TYOPK	ed)	kind of Business or in At Home		ACE (Stote or yland	foreign country	1	12. €11		VHAT COUNTRY?
	13. FATHER'S NAM	E				S MAIDEN NAI					
		J.Alleine W	illiam	son	1	Eleanor	West b	AcGill.			
	IS WAS DECEAS (Yes, no or unknown) No	DEVER IN U.S. ARMED FO			. INFORMANT r. Bernha	rd Will	liamson	1529 d Balt:	Pentr imore	idge	Road,
	Conditions gove rise couse (a), at tying cause		(b) (b) (c) (c)	Meriopo	Gear	f F Vens	selve LDe	reac	0	ONSET	AL BETWEEN AND DEATH
4	ICATIC			ONTRIBUTING TO DEATH B					EN IN PAR	111	WAS AUTOPSY PERFORMED? ES NO
		IT WAS UNDERLYING [] ITING [] CAUSE OF DEAT OTIFY MEDICAL EXAMINER	9	RIBE HOW INJURY OCCUP	·						
	20c. TIME OF Hour	, , , , ,	White	Not while	PLACE OF INJURY factory, street, offic	(Home, form, ; te bldg., etc.)	20f (City or It)wn)	{	County)	(State)
	21. I certi alive on_ ACTUAL SIGNATURE	ty that I attended the	1	od from Jerly Ond that dec	th accurred at	1.00A		e causes a city or lown,	nd on 1		the deceased stated abave DATE SIGNED
/	PHYSICIAN'S NAME (Type	A. A. Pearr	е, М.	D.	Fred	erick,	Marylaı	nd			
	220. BURIAL, CRE	AATION, 22b. DATE THER Aug.1,1		Mount Olive			2d. location Freder:	(City, town, c	or county)	Ма	ryland
Jan.		ctor's signature chison & Sof	, Fred	ADDRESS Berick, Maryl	and	240. REC'D E	BY REGISTRAR 4 '60	24b REGIS		GNATURE . Kinua	



8020

1, 0	PLACE OF DEATH J. COUNTY	Freder	Lek		MARYLAN		USUAL RES		Vhere decess		If institution COUNTY	n Residence Wash		. /
ł	Cullen	autside carporate lii arest tawn)	mits, write		OF STAY IN T			stow	r outside carp	orale limi	ts, write RU	RAL and giv	e nearest	town)
-	OR INSTITUTION	Victor	_		ate H	050.	d STREET	ADDRESS 825	Geo	gia	Ave			RESIDENCE ON A FARM? S NO T
- 0	NAME OF DECEASED Type or print)	_	inst) 3.5	Corne	Middle elius	Wyr	koop	ast	4. DATE OF DEAT	н	July	*	20 _	Year 19 60
S . 5	M.	6. COLOR OR RAC	WIDOWE	:D 🔲	ER MARRIED [k 11	-18-	1890		69	oirthday) yrs	Months D	ays Ho	JNDER 24 HRS Jury Min.
		N (Give kind of woring life, even if refin	k dane 10b.		isiness or in iducto:	r	Vir	gini	a L	adon eesb		US US		IATCOUNTRY?
13.	FATHER'S NAME	seph Wy	ikoon			14	, MOTHER	'S MAIDEN		e We	orks			
	WAS DECEASED EVER)RCES? 16.	SOCIAL SEC	URITY NO. 1	7 INFOR	MANT		.,,,,,,,,,		Addre	351		
		No		-10-5	295	Pati	ent	s hi	sport	7. V:	leto	c Cul	len	Hospit
	PART I DEAT	TH (Enter only one TH WAS CAUSED BY IMMEDIATE CAUSE DUE 1	(a)	e for (a), (b Pneur	1111	490) - 493						INTERVA ONSET	AND DEATH
	Canditions, if or gave rise to in cause (a), stating the lying cause last.	ny, which) nmediate ((b)										11	days
CATION		ER SIGNIFICANT CO	(c) INDITIONS <u>C</u>	ONTRIBUTIN	NG TO DEATH	BUT NOT	RELATED 1	O THE TER	MINAL DISEA	SE COND	TION GIVE	EN IN PART	P	VAS AUTOPSY ERFORMED?
MEDICAL CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEAT	H I	TRIBE HOW	INJURY OCCU	RRED. (E	nter nature	af injery ii	n Part 1 or P	ort 11 of ile	em 18)		,	
MEDICAL	20c TIME OF INJURY Hour a.m. p.m.	Y Month, Day, `	While	NJURY OCC: Not will k at war	hile			(Hame, far ce bldg., e					uniy)	(State)
	21. I certify that		al) attend 730	led the de	•		9- h accurr			7-20		19 60 I on the	., that date sta	(I) (we) last
	220 S GNATURE	liael	4.	avs	4	M D	ATTENDI PHYS	NG 🗆	MED. DIRECTOR				7-2	226 DATE 20-50
	72c PHYSICIAN'S NAME (Type)	Michael	G. Za	vis_			Vict		ulle	ı Ho	spita	alC	ulle	en.Md.
23a	BURIAL, CREMATION	4 4		23c NAM	E OF CEMETER	Y OR CR	EMATORY		23d LOC	ATION (C	ity, lown, a	r county)		(State)
0.4	burial	7/22/6	0	Res		n C	amete			erst		Vash	Col	ld
24 	FUNERAL DIRECTOR'S	Im a	n /	4000	ins	~	nd.	DATE	C'D BY REGI			I KAR S SIGI		

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral directar, and 2 should be filed with Then please remave carban papers Pages : may by the ned by the haspital ar attending physician

TO FUN.

DIRECTOR: After this certificate has been signed by the attending physician and campietely fulle page 3 strougly be detached far use as the burial-transit permit. Then please remaye carban papers. Pages the State Board at Health priar to burial, crematian, ar remayal, and in any event, with \$1 20 hours after death

VR A1S (4) ISM 9/59



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08002

8000		CERTIFICA	TE OF DEATH		Collas
derick		MARYLAND	a. STATE	b. COUNTY	idence before admission)
d give nearest town)	limits, write	c. LENGTH OF STAY IN 16	1 1	utside carporate limits, write RURAL a	
HOSPITAL (If not in haspit FUTION		11 / 1 / 1:	d, STREET ADDRESS	15X-2	e. IS RESIDENCE ON A FARM? YES \(\text{\text{NO}}\) NO \(\text{\text{\text{NO}}}\)
	Fint	Middle	Young	4. DATE Month OF DEATH	Day Year 23 1960
white	WIDOW	ED DIVORCED	9-14-85	7.11 yo.	
t af working life, even If ret	tired)	KIND OF BUSINESS OR INDI	Vivgina		inited State
atimer	7	Vanna	MOTHER'S MIAIDEN N	Me Show Show	1117
	FORCES? 16	SOCIAL SECURITY NOTHS.	morani V.	Poole 2	aughter.
	100	ine far (a), (b), and (c).]		(5)	INTERVAL BETWEEN
ons, if any, which) the tall immediate of the stating the under-	(b) Q V	teriosclero	11 15.	sease & Congress	1 lur
		ighetes Me	Mitas		PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO
DENT WAS UNDERLYING DEBUTING CAUSE OF DEBUTING DEBUTING CAUSE OF DEBUTING D	ATH	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	Part I ar Part II of item 18.)	
a, m,	While	Nat while			(Caunty) (State
deceased alive an	ital) attended 7-23		death accurred at 6157	M, from the causes and an	9.60 that (i) (we) las the date stated above 23-60 SIGNED
	TOWN (If autside corporate of give nearest town) C V C C C C C C C C C C C C C C C C C	TOWN (If autside corporate limits, write of give nearest town) TOWN (If autside corporate limits, write of give nearest town) TOWN (If autside corporate limits, write of give nearest town) TOWN (If autside corporate limits, write of give nearest town) FHOSPITAL (If nat in haspital, give street tuttion) First First OF COLOR OR RACE TOWN (Give kind of wark dane 10b. of working life, even If retired) TOWN (If yes, give wer or date of service) ASED EVER IN U. S. ARMED FORCES? 16 (If yes, give wer or date of service) DAME FIT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO OPIN, if any, which is a to immediate (c) INT II. OTHER SIGNIFICANT CONDITIONS RIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) DE INJURY Manth, Day, Year 20d. a. m. p. m. 19 tify that (I) (this haspital) attendedecased alive an III.	MARYLAND TOWN (If autside corporate limits, write of give nearest fawn) A C V C C F HOSPITAL (If not in haspital, give street address) TUTION 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. COLOR OR RACE 7. MARRIED NEVER MARRIED CUPATION (Give kind of work done of working life, even if retired) If I TO T AME	TOWN (If autside corporate limits, write of the property of th	MARYLAND ACYCK MARYLAND ACYCK MARYLAND ACYCK MARYLAND ACYCK MARYLAND ACYCK MARYLAND C. STATE B. COUNTY M. CO

and the second second Apparent money

ğ,	i.
y Series	8
ig.	M
Fo	چ
+ +	sho bha
by by	P
3	900
etel	ź
dmg	th.
pug	5 2
E	a to
hysic	OUS
0	72
endi	Hin
D D	6 5
× 1	E 8
De la	any
	± ₽
sicio	trons
ha s	rial
ding	e bu
after	G. E
It or	S P
spila	for Cre
e ho	sched
TO T	deto to b
led	d be
reton	page 3 would be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be med with the registrar prior to burial, cremation, ar removal, and in any event within 72 hour offer death.
2	egis
PE C	pog the r
4	
ISM P	(55

	802	1	CERTIFIC	AIL OF	DEATH	1	Re	eg. Dist. No		Oil
1. PLACE OF DEATH o. COUNTY Fre	derick		MARYLAND	II a STATE	ESIDENCE (WI	ere deceased lived	. If institution I	Residence before control (Control (Cont	ore admiss	ion)
b. CITY OR TOWN RURAL ond give to Frederick	(If outside corporate limite perest lower) RD#6		ngth of stay in the loce 1955	c. CITY C		viside corporete lin		it and give ne	arest fown	1}
d. NAME OF HOSP OR INSTITUTION Reich's Fo	TAL (If not in hospitol, gi	ve street oddress	1)	d. STREE	Reich	s Ford R	oad			FARM?
3. NAME OF DECEASED (Type or print)	Firs WILL		Middle THOMAS	ZEPP	Lost	4. DATE OF DEATH	Month Jul	- 0		Yeor 1960
s. sex Male	6. COLOR OR RACE White	7. MARRIED 🗍	NEVER MARRIED [ly 1875	1 01		UNDER 1 YEAR	Hours	ER 24 HR: Min,
Retired-No.	ON (Give kind of work d rking life, even if retired) SSI.CT		of Business or inc			or foreign country) 7 County,		12. CITIZEN I	OF WHAT	COUNTI
Marshall !				Mar	r's maiden h tha Go]					
15. WAS DECEASEDEY (Yes, no. or unknown)	ER IN U. S. ARMED FORC (If yes, give wor or date; of se			informant irs. Ire	ne E. I)'Brien (Address Same as	item /	/1)	
gove rise to couse (a), stating lying couse last. Part II. 01	the under-	Cir.L.	20 Sel	EZESE UT NOT RELATED		NAL DISEASE CON	DITION GIVEN I	3: IN PART 1(o)	PERFO	AUTOPSY PRMED?
	G CAUSE OF DEATH	206. DESCRIBE H	HOW INJURY OCCUR	RED. (Enter notur	e of injuty in l	Part or Part II of	tem 18.)		100	NO LIN
ZOC. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year		tot while	PLACE OF INJUR foctory, street, of	Y (Home, form fice bldg., etc.	20f. (City or tov	rn)	(County)		(Stote
ACTUAL SIGNATURE	B. O. Thomas	1960	_, and that dea	м.р. 228	at IO P	M, from the ADDRESS (Street, or ket St.	causes and	an the do	ite state DA	ed abar
	ON, 226. DATE THEREOI	22c.	NAME OF CEMETERY	OR CREMATORY	1	22d LOCATION ((State	<u>=====</u>
23. FUNERAL DIRECTO! M. R. Etc.	's signature hison & Son,	Freder	oponess ick, Mary	Land		BY REGISTRAR	24b. REGISTRA	R'S SIGNATU		

